# FY 2008-2010

# COMMUNITY MENTAL HEALTH SERVICES

# BLOCK GRANT

# APPLICATION

# &

# PLAN OF SERVICES FOR

# CHILDREN & ADULTS

**Arizona Department of Health Services**
**Division of Behavioral Health Services**

**Submitted September 1, 2007**

July 17, 2007

Ms. LouEllen M. Rice
Grants Management Officer
Division of Grants Management, OPS
SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, Maryland 20850

Dear Ms. Rice:

I am designating Susan Gerard, Director of the Arizona Department of Health Services, as the signature authority for the Community Mental Health Services Block Grant, and the FY 2008-2010 Community Mental Health Services Block Grant Agreement, Assurances, Certifications and Disclosure of Lobbying Activities. I also designate that Ms. Gerard shall have signature authority for the three year grant cycle during my term as Governor of Arizona.

If you have any questions, please contact Ms. Gerard at (602) 542-1027.

Yours very truly,

Janet Napolitano
Governor

Ms. LouEllen M. Rice
Grants Management Officer
Division of Grants Management, OPS
SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, Maryland 20850

Dear Ms. Rice:

Enclosed is one original and two copies of the State of Arizona's application for the Community Mental Health Services Block Grant for Fiscal Years 2008-2010. This application was prepared to meet the requirements of Public Law 102-321 following the guidelines issued by the Center for Mental Health Services.

The Arizona Behavioral Health Planning Council has reviewed the application. Comments prepared by the Council relative to the application are included in the application.

Questions regarding the application of the State Plan should be directed to Ms. Christina Dye, Division Chief, Clinical and Recovery Services at 602-364-4626. Questions of a financial nature should be directed to Dan Lander, Budget Analyst in the Central Budget Office at 602-542-2917.

Sincerely,

Susan Gerard
Director

SG:or

Enclosure

**Attachment E** **FACE SHEET**

**FISCAL YEAR/S COVERED BY THE PLAN**

**__X__ FY 2008**

STATE NAME:____ARIZONA_____

DUNS #: _804 745 420_____

**I. AGENCY TO RECEIVE GRANT**

AGENCY:_____Department of Health Services_____

ORGANIZATIONAL UNIT:____Division of Behavioral Health Services_____

STREET ADDRESS:____150 North 18th Avenue, Suite 200_____

CITY:_____Phoenix_____STATE:__Arizona_____ZIP: __85007_____

TELEPHONE: _602-364-4558___ FAX: _602-364-4570_____

**II. OFFICIAL IDENTIFIED BY GOVERNOR AS RESPONSIBLE FOR ADMINISTRATION OF THE GRANT**

NAME: _Susan Gerard_____TITLE: ____Director_____

AGENCY__Arizona Department of Health Services_____

ORGANIZATIONA UNIT:Division of Behavioral Health Services_____

STREET ADDRESS: _150 North 18th Avenue, Ste 500_____

CITY:_Phoenix_____STATE:__Arizona_____ ZIP: _85007_____

TELEPHONE:_602-542-1027_____FAX:602-542-1062_____

**III. STATE FISCAL YEAR**

FROM: __July 1_____ _2007_____ TO:___June 30_____ _2008_____

Month Year Month Year

**IV. PERSON TO CONTACT WITH QUESTIONS REGARDING THE APPLICATION**

NAME:_Christina Dye, MPH.___ TITLE:Division_Chief, Clinical & Recovery Services

AGENCY:_Arizona Department of Health Services_____

ORGANIZATIONAL UNIT:_Division of Behavioral Health Services_____

STREET ADDRESS:__150 North 18th Avenue Ste 220_____

CITY:_Phoenix_____STATE:_Arizona_____ZIP: _85007_____

TELEPHONE:_602-364-4626_FAX:602-364-4767____EMAIL: dyec@azdhs.gov_

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**EXECUTIVE SUMMARY**
**ARIZONA COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT**
**FY 2008-2010**

The Arizona Community Mental Health Services Block Grant is the result of and complies with Public Law 102-321. Public Law 102-321 was established to assist States with the implementation or expansion of an organized community-based system of care for adults with a serious mental illness and children with a serious emotional disturbance. The Federal agency that manages the Community Mental Health Services Block Grant is the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The purpose of the grant is to fund a portion of the States' administrative and treatment costs for mental health services.

Arizona's Community Mental Health Services Block Grant application for FY 2008-2010 is based upon the standard guidance provided to States. Arizona's Plan includes extensive information regarding its work toward mental health transformation and is integrated throughout the Adult and Child Plans. Transformation activities by the Arizona Behavioral Health Planning Council are also identified. The Council is very active in the many State initiatives. Regarding the new requirement, Table 4, while Arizona is able to report its planned FY 2008 expenditures on one transformation activity, our system is not configured to capture financial data in this manner. It is understood that the reporting of Table 4 is consistent with SAMHSA/CMHS' commitment to improving accountability of State's use of Federal funds to provide services to adults with serious mental illness (SMI) and children with serious emotional disturbances (SED), and ADHS/DBHS will work to address this issue.

States are required to submit a one year or multiple year State Plan that meets the five criteria of the grant. The five criteria are for purposes of defining and planning a community based system of mental health care. The Plan reflects the continual improvements being made by the Arizona Department of Health Services in developing a comprehensive array of community services that are person and family-centered, and promote resiliency and recovery.

In addition to the development of a Plan, the State also maintains the Arizona Behavioral Health Planning Council. Sixty percent (60%) of the membership of the Arizona Behavioral Health Planning Council is comprised of adults with a serious mental illness, family members of adults with serious mental illness and family members of children with serious emotional disturbances. The remaining 40% are State agency representatives and providers.

Although the system of publicly funded behavioral health care in Arizona receives a significant amount of its funding from Medicaid, the Community Mental Health Services Block Grant supplements State (Subvention) funds, which allows Arizona to serve more adults with serious mental illness and more children with serious emotional disturbances. The Community Mental Health Services Block Grant has been an important part of the overall funding for services and assists Arizona to carry out its mission of providing quality person and family-centered community based mental health care.

**Changes to the FY 2008-2010 Application:**

In response to the modifications requested by the Center for Mental Health Services during the peer reviews in 2006 of Arizona's Block Grant application, as well as the availability of more current data and improved data collection methodology, the following goals and targets have been added to the Child Plan:

**Criterion 1: Goal 1, Target 1:** The original estimates for FY 2006 – 2007 were modified from the FY 2007 Plan due to the availability of more current ADHS/DBHS data. The projection for FY 2006 was 74% and FY 2007 was 76%. However, the actual percentages were: FY 2006 @ 82% and FY 2007 @ 89%. Despite the high percentage rate for FY 2007, ADHS/DBHS will base the 2% increase per year over the three year grant cycle based on FY 2006.

**Criterion 1: Goal 3, Target 1:** The figures presented in the original modification submitted to CMHS December 2005 were revised per CMHS' request in May 2006 to submit a second modification, which was reflected in the FY 2007 Plan. This goal has been modified for FY 2008-2010 to measure the percentage of children in home care training compared to the total number enrolled in the behavioral health system per Fiscal Year.

**Criterion 1: Goal 4, Target 1:** The figures presented in the FY 2007 Plan erroneously stated that no children were readmitted within 30 days to the State Hospital during FY 2005. This has been corrected and the goal and target corrected for the FY 2008-2010 application.

**Criterion 2: Goal 1, Target 1:** These figures are revised from the FY 2007 Plan to reflect more current data collection. Although the original projection of 24% for FY 2006 and 26% for FY 2007 was exceeded, it must also be noted that the total number of children served in FY 2007 decreased. ADHS/DBHS is studying the issue; the federal Deficit Reduction Act may be a factor. Percentage rates will be based upon the FY 2007 rate and projections will be increased by 2% each year of the grant cycle.

**Criterion 3: Goal 1, Target 1:** This goal was modified to reflect a more accurate percentage of SED children receiving respite services. This goal and target was revised from the FY 2007 Plan. The original projection of 2% increase will continue despite the decrease in the number of children served in FY 2007. ADHS/DBHS will use the FY 2007 actual percentage rate as the base for the three year grant cycle. ADHS/DBHS will review the impact of several factors that may have decreased the number of children served in FY 2007.

**Criterion 3: Goal 2, Target 1:** This goal and target was revised from the FY 2007 Plan. The original projection of 2% increase will continue despite the decrease in the number of children served in FY 2007. ADHS/DBHS will use the FY 2007 actual percentage rate as the base for the three year grant cycle. ADHS/DBHS will review the impact of several factors that may have decreased the number of children served in FY 2007.

**SET-ASIDE FOR CHILDREN'S MENTAL HEALTH SERVICES REPORT**

States are required to provide systems of integrated services for children with serious emotional disturbances (SED).[1] Each year the State shall expend not less than the calculated amount for FY 1994.

**State Expenditures for Mental Health Services**

Reported by: State FY ___XX_____ Federal FY_____

| Calculated FY 1994 | Actual FY 2006 | Estimated/Actual FY 2007 |
|---|---|---|
| **$5,789,298** | **$6,087,342** | **$6,872,301** |

**MAINTENANCE OF EFFORT (MOE) REPORT**

States are required to submit sufficient information for the Secretary to make a determination of compliance with the statutory MOE requirements.[2] MOE information is necessary to document that the State has maintained expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant. States that received approval to exclude funds from the maintenance of effort calculation should include the appropriate MOE approval documents.

States are required to submit expenditures in the following format:

**STATE EXPENDITURES FOR MENTAL HEALTH SERVICES**

**MOE reported by:** ___XX___State FY _____Federal FY_____

| Actual FY 2005 | Actual FY 2006 | Estimated/Actual FY 2007 |
|---|---|---|
| **$305,338,693** | **$340,074,632** | **$340,074,632*** |

***This is an estimated Maintenance of Effort for FY 2007. The final figure will be submitted to CMHS October 1, 2007.**

1. Section 1913(a) of the PHS Act
2. Section 1915(b)(1) of the PHS Act

## STATE MENTAL HEALTH PLANNING COUNCIL REQUIREMENTS

(1) Membership Requirements

The membership of the Arizona Behavioral Health Planning Council is comprised of thirty (30) Arizona residents who represent the ethnic, cultural, demographic, and geographic diversity of the state.

Public Law 102-321 mandates the inclusion of representatives of: the principal state agencies representing mental health, education, vocational rehabilitation, criminal justice, housing and social services, and the State Medicaid agency, as well as public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services. Membership also mandates the inclusion of adults with serious mental illnesses who are receiving mental health services; and the families of such adults or families of children with serious emotional disturbance. A family member is defined as any person who is actively involved with or providing significant support to an adult diagnosed with serious mental illness or child diagnosed with serious emotional disturbance.

With respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council must be sufficient to provide adequate representation of such children in the deliberations of the Council. It is also mandated that not more than 50% of the members of the Council are State employees or providers of mental health services.

Sixty percent (60%) of the membership of the Arizona Behavioral Health Planning Council are adults with a serious mental illness, family members of adults with serious mental illness and family members of children with serious emotional disturbances. The remaining 40% are State agency representatives and providers.

The Directors of one urban and one rural Regional Behavioral Health Authority (RBHA) in the state appoint a representative from its service area who is a consumer, family member or RBHA Board member. The Director of one Tribal Regional Behavioral Health Authority (TRBHA) is also represented.

In addition to the foregoing, a resolution was passed by the Council in January 1990 to include providers, consumers and family members representing substance abuse and behavioral health disorders, which are not included within the definition of serious mental illness.

(2) State Mental Health Planning Council Membership List and Composition

Membership composition is identified on pages 10-13.

**TABLE 1. List of Planning Council Members- FY 2007**

| Name | Type of Membership | Agency or Organization Represented | Address<br>Phone & Fax | Email Address |
|---|---|---|---|---|
| Dan Wynkoop, Ed.D. | Chair- Family Member- SED Child | Self | 3779 Stirrup Drive<br>Kingman, AZ 86409<br>PH: 928-757-2938<br>FAX: No Fax | dojo@npgcable.com |
| Patricia Dorgan | Family Member- SMI Adult | Self | 3950 South Country Club Rd # 400<br>Tucson, AZ 85714<br>PH: 520-243-0865<br>FAX: | panndorgan@aol.com |
| John Baird | Consumer | Self | 1036 3rd Avenue<br>San Manuel, AZ 85651<br>PH: 520-385-2667<br>FAX: same | johnbaird1@hotmail.com |
| Dee Ann Barber | Children's Provider agency | Chief Operating Officer (COO) Arizona's Children Association | P.O. Box 7277<br>Tucson, AZ 85725<br>PH: 520-622-7611<br>FAX: 520-624-7042 | dbarber@arizonaschildren.org |
| Steve Bender | State Agency- Criminal Justice Representative | Arizona Department of Corrections (ADC) | P.O. Box 52109<br>Phoenix, AZ 85072-2109<br>PH: 602-685-3100 x 2962<br>FAX: 602-685-3114 | sbender@azcorrections.gov |
| Paula McKenna Block | Family Member- SED Child | Self | 9831 North Sumter Creek Place<br>Tucson, AZ 85742<br>PH: 520-744-4331<br>FAX: same # | paulablock@comcast.net |
| Stephen Bogan | Consumer | Northern AZ Regional Behavioral Health Authority (NARBHA) | 2820 North Ellen Street<br>Flagstaff, AZ 86001<br>PH: 928-607-4191<br>FAX: No Fax | stephenbogan@msn.com |
| Eddy D. Broadway | State Agency- Behavioral Health Representative | Deputy Director Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) | 150 North 18th Avenue, Ste 500<br>Phoenix, AZ 85007<br>PH: 602-364-4566<br>FAX: 602-364-4570 | Broadwe@azdhs.gov |
| Bob Broman | Consumer | Self | P.O. Box 936<br>Phoenix, AZ 85001-0936<br>No Phone or Fax | No email |

## List of Planning Council Members – FY 2007, continued

| Name | Type of Membership | Agency or Organization Represented | Address Phone & Fax | Email Address |
|---|---|---|---|---|
| Roberta Brown | State Education Agency | Arizona Department of Education | 1535 W Jefferson<br>Phoenix, AZ 85007<br>602-542-3184<br>Fax: 602-542-5404 | rbrown@ade.az.gov |
| Steve Carter | Substance Abuse Provider | CEO-NOVA, Inc. | 7725 North 43rd Avenue, Ste 522<br>Phoenix, AZ 85051<br>623-937-9203<br>Fax: 623-930-0358 | scarter144@aol.com |
| Cic Cicolello | State Housing-Agency | Arizona Department of Housing | 1100 West Washington St, Ste 310<br>Phoenix, AZ 85007<br>PH: 602-771-1092<br>FAX: 602-771-1002 | cicc@housingaz.com |
| John Cooper | State Hospital-Superintendent | Arizona State Hospital | 2500 East Van Buren St<br>Phoenix, AZ 85008<br>PH: 602-220-6000<br>FAX: 602-220-6292 | cooperj@azdhs.gov |
| Gita Enders | Consumer | Self | 3400 East Godard Road #54A<br>Cottonwood, AZ 86326<br>PH: 928-639-0253<br>FAX: No Fax | genders@gmail.com |
| Sam Engram | Family Member-SED Child | Self | 12841 West Aster Drive<br>El Mirage, AZ 85335<br>PH: 623-875-7607<br>FAX: No Fax | samsr@cox.net |
| Kristen Frounfelker | State Agency-Medicaid | Arizona Health Care Cost Containment System-AHCCCS | 701 East Jefferson, Mail Drop 6500<br>Phoenix, AZ 85034<br>PH: 602-417-4214<br>FAX: 602-417-4855 | Kristen.frounfelker@azahcccs.gov |
| Sue Gilbertson | Family Member-SMI Adult | Self | 3023 East Pershing<br>Phoenix, AZ 85032<br>PH: 602-867-0310<br>FAX: No fax | sgilbertson@cox.net |

## List of Planning Council Members - FY 2007, continued

| Name | Type of Membership | Agency or Organization Represented | Address<br>Phone & Fax | Email Address |
|---|---|---|---|---|
| Steven Green | TRBHA Representative | Gila River Health Care Corporation-Regional Behavioral Health Authority | P.O. Box 38<br>Sacaton, AZ 85247-0038<br>PH: 602-528-7137<br>FAX: 602-528-1341 | steveng@grhc.org |
| Randy Grover | State Agency-Social Services | AZ Department of Economic Security (DES) Administration for Children, Youth & Families (ACYF) | 1789 West Jefferson St<br>Phoenix, AZ 85007<br>PH: 602-542-5120<br>FAX: 602-542-3330 | mgrover@azdes.gov |
| Vicki Johnson | State Children's Advocacy Organization | Mentally Ill Kids in Distress (MIKID) | 755 East Willetta #128<br>Phoenix, AZ 85006<br>PH: 602-253-1240<br>FAX: 602-253-1250 | v_johnson@qwest.net |
| Barbara Kern | Family Member-SED Child | Community Partnership of Southern Arizona (CPSA) | 6955 South Ridling Drive<br>Hereford, AZ 85615<br>PH: 520-432-7751<br>FAX: 520-458-2021 | kernb@seabhssolutions.org |
| Alden Dale Minor | Family Member-SMI Adult | Self | P.O. Box 3021<br>Show Low, AZ 85902<br>PH: 480-703-8844<br>FAX: No fax | No email |
| Alida Montiel | Family Member-SMI Adult | Self | % ITCA-2214 N Central Ave, #100<br>Phoenix, AZ 85004<br>PH: 602-258-4822<br>FAX: 602-258-4825 | alida.montiel@itcaonline.org |
| Betty Paddock | Consumer | Self | P.O. Box 108<br>Show Low, AZ 85902<br>PH: 480-783-0863 | No email |
| Juan Paz, DSW | Family Member-SMI Adult | Self | 2648 East 6th Street<br>Tucson, AZ 85716<br>520-884-5507<br>Fax: 520-884-5949 | juanpaz@earthlink.net |
| Judy Pickens | RBHA Representative | ValueOptions (Maricopa County RBHA) | 921 W University Drive #1229<br>Mesa, AZ 85201<br>PH:480-965-7561 | judith.pickens@asu.edu |

**List of Planning Council Members - FY 2007, continued**

| Name | Type of Membership | Agency or Organization Represented | Address Phone & Fax | Email Address |
|---|---|---|---|---|
| Melissa Tubman | State Protection & Advocacy Organization | Arizona Center for Disability Law | 3839 North 3rd Street, #209 Phoenix, AZ 85012 PH: 602-274-6287 FAX: 602-274-6779 | mtubman@azdisabilitylaw.org |
| Carol Weikle | State Agency – Rehabilitative Services | Department of Economic Security (DES)-Rehabilitative Services Admin (RSA) | 1789 W Jefferson, Site Code 930A Phoenix, AZ 85007 PH: 602-542-3332 FAX: 602-542-3778 | cweikle@azdes.gov |

**TABLE 2.**

**Planning Council Composition by Type of Member**

| Type of Membership | Number | Percentage of Total Membership |
|---|---|---|
| **TOTAL MEMBERSHIP** | | |
| **Consumers/Survivors/Ex-patients (C/S/X)** | **5** | |
| **Family Members of Children with SED** | **5** | |
| **Family Members of Adults with SMI** | **4** | |
| **Vacancies (C/S/X & family members)** | **2** | |
| **Others (Not state employees or providers)** | **2** | |
| **TOTAL C/S/X, Family Members & Others** | **18** | **60%** |
| **State Employees** | **8** | |
| **Providers** | **4** | |
| **Vacancies** | **0** | |
| **TOTAL State Employees & Providers** | **12** | **40%** |

(3) Planning Council Charge, Role and Activities

The first Arizona Mental Health Planning Council was created in 1988 in response to Public Law 99-660. Members were appointed by the Governor to serve a term until September 30, 1990, when P.L. 99-660 expired. No action was taken by the Governor to reappoint or otherwise reconstitute the Council. Recognizing the need for a Planning Council, the Department Director appointed a new Behavioral Health Planning Council, expanding the membership and the role to encompass planning for not only adults with a serious mental illness and seriously emotionally disturbed children, but also for individuals with substance abuse disorders.

Appointments to the Arizona Behavioral Health Planning Council are made in several ways (depending on the membership requirements): for consumers, family members, parents and service providers, the Planning Council's Executive Committee will nominate an individual to join its membership, which will then be brought to the full Council for approval. The Council submits a letter of recommendation to the ADHS/DBHS Deputy Director, who will appoint (or not appoint) the nominee. The Planning Council and its committees search for and nominate appropriate individuals on a regular basis. Regarding the RBHA representatives, the Directors of one urban and one rural RBHA appoint a representative from their service area who is knowledgeable about behavioral health services in the geographic area they represent. When more than one urban or rural RBHA or TRBHA wish to be represented on the Council, representation will be rotated among the RBHAs or TRBHA to ensure that one representative is available to the Council on a continual basis. The Director of one Tribal Regional Behavioral Health Authority (TRBHA) shall be appointed.

Each Council member serves for three (3) years. The terms served by members are automatically extended until they are reappointed or replaced.

The Council is charged with the mission of:

- Reviewing plans and submitting to the State any recommendations for modification.
- Serving as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed, including individuals with mental illnesses or emotional problems.
- Monitoring, reviewing, and evaluating, not less than once per year, the allocation and adequacy of mental health services in the State.
- Participating in improving mental health services within the State.

The Arizona Behavioral Health Planning Council meets ten times a year, excluding July and August. The Planning & Evaluation Committee meets during the summer to complete the Mental Health Plan portion of the Block Grant application. Meetings are held in the state capitol (Phoenix) as well as various locations around the state. Meetings held in local communities are done so that the Council may meet with the agencies that provide behavioral health services, as well as the recipients of such services. The Council's standing committees also meet regularly and are used to assist the Council in its responsibilities by reviewing specific issues or concerns and developing recommendations.

The Council is active in reviewing and tracking state and federal legislation relating to mental health services; this work is then turned into the development and dissemination of position papers, providing testimony at legislative hearings, and advocating for the populations it is mandated to serve. The Council is also kept abreast of current issues, programs, upcoming grants, and other topics in the behavioral health field, and acts as an advisory body to the State.

**The Arizona Behavioral Health Planning Council's Role in State Transformation Activities:**

The Arizona Behavioral Health Planning Council is an active partner in the Division of Behavioral Health Services' transformation initiatives. Involving planning council members at all levels of decision making ensures that transformation of state mental health systems will be

more consumer and family driven and more responsive to the needs of adults with serious mental illness and children with serious emotional disturbance. The Planning Council chair is represented on several State level planning and policy-making committees to provide input and guidance on mental health transformation, including the Best Practice Advisory Committee, the Stigma Reduction Committee, the Meet Me Where I Am Campaign Committee, and the Children's Executive Committee.

In addition, the Council continues its work to educate its members regarding transformation. For example, due to the new requirement in Criterion 4 to address how community-based services are provided to older adults, the Council will hear a presentation regarding grandparents as care-givers. The local Areas of Aging Agencies will also be invited to present their unique programs for older adults.

4) State Mental Health Planning Council Comments and Recommendations

The letter on pages 16 and 17 from the Arizona Behavioral Health Planning Council details the Council's comments and recommendations.

August 15, 2007

Ms. LouEllen M. Rice
Grants Management Officer
Division of Grants Management, OPS
SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20850

Dear Ms. Rice:

The Arizona Behavioral Health Planning Council is required by Public Law 103-321 to review Arizona's Mental Health Services Plan for Children and Adults for Fiscal Years 2008 – 2010. This must occur before it is submitted to the United States Department of Health and Human Services (DHHS) so that Arizona may receive the federal Mental Health Block Grant for FY 2008 - 2010. The Planning Council is required to submit a letter or report to the Center for Mental Health Services that may include Council recommendations for modifications to the Plan regardless of whether or not the State accepts those recommendations. Pursuant to these guidelines, the State Plan and Council letter are submitted to the Center for Mental Health Services, U.S. Department of Health and Human Services.

The Planning Council findings are that the Mental Health Plan met all the required criteria as indicated in the Mental Health Block Grant application. The Planning Council does wish to comment on a number of issues, challenges and system improvements reflected in the Plan.

The Planning Council is very pleased with this year's application, as the Plan is well organized and accurately states progress. The Council notes that the behavioral health budget is over one billion dollars, which reflects much needed growth in services to our most needful populations, and we are very appreciative of the additional $587,459 in FY 2007 funding.

Regarding services to American Indian tribes, the Planning Council is appreciative that some of the FY 2007 funding increase is targeted to three Arizona tribes. The Council encourages the State to continue to provide technical assistance to Arizona tribes in becoming TRBHAs, in order to ensure a comprehensive continuum of care for Arizona's American Indian citizens, historically an underserved population. We are pleased that the White Mountain Apache Tribe was successful in becoming a TRBHA effective FY 2008.

The legislative changes in the 2005 session included the passage of the Behavioral Health Practitioners Loan Repayment Program. This program will allow behavioral health practitioners to receive partial payment of educational loans in exchange for providing services to underserved areas. ADHS/DBHS continues its work to implement the program, which was targeted to begin in 2007. The implementation process includes writing of rules, which has been levied on ADHS/DBHS; however, this process continues to move slowly and the Council strongly encourages the State to implement the program as soon as practical. The potential to increase the number of behavioral health professionals across the state under this new program is great.

The Council also recommends that ADHS/DBHS continue to focus its efforts to improve coordination of care for adults with SMI leaving correctional institutions and jails and returning to the community, which has been a topic of discussion at its meetings.

The Council also urges the State to address the continuity of care issues that arise when a youth transitions from the child behavioral health system to the adult system, and especially when this involves a foster child. Coordination must occur among the State agencies and within the child and adult behavioral health system.

The Council is pleased to report that the State Medicaid Agency, AHCCCS, recently added a $1,000 benefit for dental services for all enrolled Title XIX/XXI SMI adults, and commends the Arizona Legislature for allocating $32 million to replace existing forensic units at the Arizona State Hospital.

The Council recognizes the efforts made by ADHS/DBHS Executive Management to include its members in the planning, leadership, and the implementation process as the Division works to implement the concepts presented in evidence based practices. We are hopeful that this relationship continues. We are also supportive of the Division's work to make data accessible to the Council as well as the opportunities for training to Council members, including NAMPHAC technical assistance.

The Council continues its work in education and advocacy. The Children's Committee developed a Child and Family Team (CFT) and Individual Education Plan (IEP) PowerPoint training in FY 2007, which is currently being conducted around the state to school staff to ensure that coordination occurs between behavioral health and education. Also, in light of the new CMHS requirement to address mental health services to the older adult population, the Council will begin work to educate its members of the available services targeted to this population as well as their unique needs through a series of presentations throughout FY 2008.

Having the Council travel to rural areas of the state, as well as meeting in the metropolitan areas of Phoenix and Tucson, has provided members with an overview of the existing system and has facilitated input from all regions into state planning activities. While the use of telemedicine has greatly expanded accessibility for meetings in rural and remote areas, the Council recommends that ADHS/DBHS improve this technology so that meetings can be more effectively facilitated.

The Planning Council continues to work to be an effective and efficient working group. Its membership extends across the state and also reflects the diversity of our state.

Thank you for the opportunity to provide comment on the State Mental Health Plan. The Council continues its mission to review, monitor, and evaluate all aspects of the development of this Plan.

Sincerely,

*AER for*

*Dan Wynkoop*

Dan Wynkoop, Ed.D
Chair, Planning Council

*AER for*

*Dee Ann Barber*

Dee Ann Barber, LCSW
Chair, Planning & Evaluation Committee

## (5) **Public Comment on the State Plan**

Section 1941 of the Block Grant legislation stipulates that as a condition of the funding agreement for the grant, States will provide opportunity for the public to comment on the State Plan. States will make the mental health plan public in such a manner to facilitate comment from any person (including Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary. States should describe their efforts and procedures to obtain public comment on the plan in this section.

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), posted the draft 2008-2010 Community Mental Health Services Block Grant Application and Plan of Services for Children and Adults on its website.

As of close of business August 30, 2007, no public comment was received on the draft State Plan. The final version will be posted on the ADHS/DBHS website on August 31, 2007 to allow for public comment throughout the final year of this three year cycle grant.

## SECTION 1
## DESCRIPTION OF STATE SERVICE SYSTEM

### Overview of the State Mental Health System

The state agency in Arizona that is responsible for the delivery of public health and mental health services is the Arizona Department of Health Services (ADHS). The Division of Behavioral Health Services (DBHS) is responsible for administering a unified behavioral health service system including substance abuse treatment services, mental health services, prevention services and inpatient psychiatric care through the Arizona State Hospital. ADHS/DBHS is responsible for planning, administering and monitoring a comprehensive system of behavioral health services.

ADHS/DBHS also partners with other State agencies (Departments of Economic Security, Juvenile and Adult Corrections, Education, Administrative Office of the Courts, and the Arizona Health Care Cost Containment System (AHCCCS), the State Medicaid agency, to provide a comprehensive array of publicly funded services to children and adults. This partnership is particularly evident in the Arizona Children's Executive Committee (ACEC); its function is to provide leadership, guidance and consultation across and throughout formal child-serving systems regarding practice, policy, capacity and related aspects of Arizona's children's system reform.

The current fiscal basis for funding the system of services includes monies appropriated by the Arizona Legislature, as well as federal Title XIX and Title XXI dollars for behavioral health services to eligible populations. Title XIX and Title XXI provide funding for covered services to eligible persons and is passed through the state's Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. Arizona also receives the federal substance abuse and mental health block grants to provide community treatment and prevention.

With the State's unprecedented growth in population in the last decade, and a voter approved proposition in 2001 to increase the income eligibility requirement for state Medicaid from 33% to 100% of the Federal Poverty Level, health access in Arizona has significantly improved. The Arizona behavioral health system surpassed its 100,000 mark of enrolled behavioral health recipients in 2002, and based on FY 2006 data, over 139,000 individuals were served in Arizona's public behavioral health system.

Data from Arizona's FY 2006 Data Infrastructure Grant (DIG) found that 38% received Medicaid-only funded services; 21% received services that were funded either by State appropriation for mental health and substance abuse services or by federal block grant dollars; and 40% received both Medicaid and non-Medicaid services. Data is based upon Medicaid paid services reported in the DIG Uniform Reporting System (URS) Tables.

Behavioral health services have been delivered through community based contractors for a number of years. State statutes authorize ADHS/DBHS to contract with Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to administer behavioral health services. The RBHAs are private, nonprofit and for profit

organizations, operating much like health maintenance organizations. A new RBHA serving Maricopa County, Magellan, will be operational September 1, 2007. The TRBHAs are American Indian Tribes that choose to operate as a RBHA and coordinate services for members of their respective Tribes. Three tribes operate as TRBHAs: these are the Pascua Yaqui Tribe, the Gila River Indian Community, and the White Mountain Apache Tribe, which will become a TRBHA effective October 2007. Intergovernmental Agreements (IGAs) have been developed with the Colorado Indian Tribe to provide Subvention (state only) funded services. The Navajo Nation previously operated as a TRBHA, but now operates as a case management provider.

## Summary of Areas Identified in Previous Year's State Plan

**Issues Requiring Particular Attention in FY 2007 Plan:**

- Limited funding for Housing: Analysis of housing options continues at ADHS/DBHS. As with other states, Arizona continues to assist people who have a serious mental illness in obtaining affordable housing. The Arizona Department of Housing (ADOH) continues to dedicate staff in developing affordable housing programs for people with disabilities, and ADHS/DBHS continues to participate in the statewide planning process for affordable housing.

  FY 2008-2010 Plan Update:

  ADHS/DBHS developed a "Strategic Plan for Housing in Maricopa County for Individuals with Mental Illness" in FY 2004. The Plan identified a variety of initiatives used to expand both federal and state funded affordable housing units. The ADHS/DBHS Statewide Housing Coordinator restructured the State's mental health housing program and developed additional housing programs to assist people who are discharged from the Arizona State Hospital, unlicensed board and care facilities and those released from jail. The programs include a Property Acquisition Program and a Move In/Eviction Prevention Program to provide safe, decent and affordable housing from consumers and prevent them from becoming homeless. These programs are funded with State General Funds.

  In February 2007, the Arizona Department of Housing (ADOH) and the Pima County/City of Tucson continuum received notice that they were awarded renewal funding and three bonus Samaritan Initiatives (one bonus award per continuum for a new permanent housing program serving chronically homeless served by the public behavioral health system) from the 2006 HUD Super Notice of Funding Availability (NOFA). Arizona is divided into three continuums of care: Pima County/City of Tucson, Maricopa County, and the balance of the state rural continuum. Through HUD funding, Arizona received more than $28 million for projects serving the homeless, including the chronically homeless and adults with serious mental illness. All renewal projects were granted funding, and the only new funding was for the three Samaritan Initiative programs. Throughout the state, there are six Shelter Plus Care programs that provide permanent housing for chronically homeless individuals and families, as well as more than 35 Supported Housing programs which provide housing for people with a serious mental illness. Funded projects were for rural and urban areas of the state. In June 2007, the three continuums submitted a Super NOFA for funding for FY 2008.

In addition, ADHS/DBHS will award more than $3 million in housing acquisition funds to the RBHAs during FY 2008.

- Implementation of the Twelve (12) Principles: On June 26, 2001, a U.S. District Court in Tucson, Arizona, accepted a settlement agreement in the case of *J.K. vs. Eden et. al.* which commits ADHS and AHCCCS to a set of 12 principles to direct care and support for over 17,000 Title XIX eligible children and their families.

  FY 2008-2010 Plan Update:

  In FY 2007, the Annual J.K. Plan was renamed the Title XIX Children's System of Care Plan and began a three year planning cycle. FY 2008 will represent the second year of this Plan which remains the foundation of Arizona's Children's System transformation. The Plan consists of nine goals and identifies specific objectives to achieve each goal. These goals and objectives represent activities that ADHS/DBHS will further undertake to meet Settlement Agreement obligations. The Plan was developed with input from the State Medicaid agency, AHCCCS, and various stakeholders, including T/RBHAs, providers, and families. Each T/RBHA has also developed a supporting plan for each Geographic Service Area (GSA) they serve, and identifies the work to be accomplished by their major local providers. The nine goals are:

  1: Implement statewide performance improvement tool and process;
  2: Enhance ADHS/DBHS QM/Practice Improvement system;
  3: Target young adults ages 18-21 to deliver services according to the 12 Arizona Principles;
  4: Development of team coordination /case manager positions with clearly defined roles and responsibilities;
  5: Align intake/assessment process, ensuring that assessment and service planning are completed by the Child and Family Team (CFT);
  6: Expand capacity of Direct Services and Clinical Services while decreasing the use of congregate care;
  7: Serve all enrolled children and families through the CFT process;
  8: Enhance mentoring and supervision through the utilization of training, technical assistance and monitoring;
  9: Involve youth and families in improving the behavioral health system.

- Limited funding to serve people who are not Title XIX or Title XXI eligible: Effective March 1, 2001, AHCCCS and ADHS/DBHS implemented Proposition 204, which changed Arizona's Title XIX eligibility to 100% of the federal poverty level. Effective October 3, 2001, certain services that were previously not covered under Title XIX or Title XXI are now covered. Both of these developments allowed more people who are eligible for Title XIX or Title XXI to receive additional services. While it does not solve the issue entirely and there will continue to be people who do not have health insurance coverage in Arizona, it does make significant progress toward providing health insurance coverage.

  FY 2008-2010 Plan Update:

  Two significant changes in federal eligibility rules were implemented during FY 2007. The Medicare Modernization Act established a separate system for prescription drug benefits for "dual eligibles" (individuals who are Medicaid and Medicare eligible),

including behavioral health recipients receiving psychotropic medications. The Arizona Legislature allocated $322,600 from the State general fund in the FY 2007 session ADHS/DBHS to provide assistance for approximately 14,000 dually eligible members who cannot afford co-payments and receive behavioral health services.

The Deficit Reduction Act imposed new requirements to verify citizenship as a condition of Medicaid eligibility. ADHS/DBHS will continue to monitor the impact of the federal statutes on enrollment throughout FY 2008 in Arizona's public behavioral health system.

Arizona has experienced unprecedented growth in population in the last decade; a voter-approved proposition in 2001 increased the income eligibility requirement for state Medicaid to 100% of the Federal Poverty Level and improved access to health care. The Arizona behavioral health system surpassed its 100,000 mark of enrolled behavioral health recipients in 2002, and based on FY 2006 data, over 139,000 individuals were served in Arizona's public behavioral health system.

- Insurance Parity: Although this bill has been introduced in the last few legislative sessions, it has not been successful. However, efforts continue to make this a reality for the general population.
  FY 2008-2010 Plan Update:
  As of 1999, the Federal Government and 25 States have passed some form of insurance parity. Bills have been introduced in Congress to expand parity at the federal level. Advocates continue their work in getting an insurance parity bill passed. The "Partners for Parity" is a coalition of more than 100 organizations that are committed to making mental health parity a reality in Arizona. Members of the Arizona Behavioral Health Planning Council participate in Partners for Parity.

**Significant Achievements in FY 2007:**

Children's System of Care Reform: Arizona has been engaged in the transformation of its children's behavioral health system since the *J.K. v Eden* Settlement Agreement reached in 2001. In FY 2007, the second phase of the system transformation was begun with a kickoff event called "Meet Me Where I Am" held in Phoenix, with over 130 individuals in attendance. Participants included T/RBHA leaders, service providers, state agency partners, family members and advocates from across the state. Moving forward for FY 2008, the system of care for children includes:

- Case management for children: children with more complex needs, including those involved in multiple state agencies, will have an assigned case manager with a case load small enough to provide active support for each child and family they are assigned.
- Child and Family Teams (CFTs): all children will be served through a CFT process that is individualized and suited to their level of need. The CFT, facilitators and clinical staff will be empowered to develop a plan of care comprised of traditional and supportive (including natural) services.
- Expanded Access to Support and Rehabilitative Services: behavioral health support and rehabilitative services will be available for any CFT that identifies these services as meeting the needs of the child and family.

To carry out this vision, ADHS/DBHS has contracted with a consultant to provide a series of trainings and technical support in the development of support and rehabilitative services, with the focus of providing these services in home. Training will be customized by RBHA and targeted training and follow-up coaching sessions will be conducted.

Arnold v. ADHS Exit Stipulation: In 1981 a class action suit was filed on behalf of persons diagnosed as SMI in Maricopa County, alleging the State and Maricopa County did not fund a comprehensive mental health system as required by statute. In 1986, the trial court entered judgment holding that the State had violated its statutory duty, which the Supreme Court affirmed in 1989. In 1998 the Supplemental Agreement was incorporated into court orders, identifying compliance requirements necessary to exit the lawsuit. By October 2005, a compliance team was established at ADHS designed specifically to monitor and ensure ongoing progress is occurring. This team has already closed several corrective action plans and continues to participate in system improvements reflecting requirements set forth by the courts. However, ADHS' ultimate compliance continues to be monitored by the Office of the Court Monitor. In alliance with Plaintiffs, Court Monitor and the requirements set forth by the Court, ADHS' focus continues to reflect a recovery based service delivery system. In the past few years, ADHS has increased consumer and family involvement, number of ACT teams (now totaling 19 across Maricopa County) and service availability in areas of substance abuse, employment supports, individual living skills, in-home supports, housing, and peer support services. ADHS continues to enhance the quality management process which now measures consumer outcomes permitting ADHS to further develop successes or implement corrective action.

ADHS/DBHS Best Practice Advisory Committee: The Committee was restructured during FY 2007 as part of the internal restructuring of the Clinical and Recovery Division. The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system, including issues of innovation, fidelity, and infrastructure to support adoption. Its membership is comprised of individuals representing the diversity of the state: family members, individuals with lived experience, substance abuse and mental health providers, support and rehabilitative providers, T/RBHAs, and the State Medicaid agency, AHCCCS.

Also during FY 2007, the Committee agreed to focus on the development of capacity and expertise in the following areas, which will be carried out throughout FY 2008:

- Specialized Adolescent/Young Adult Substance Use Disorder Treatment: Motivational Interviewing (MI).
- Selected Innovation Zones: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT); Adolescent Community Reinforcement Approach (ACRA); Multi-Dimensional Family Therapy (MDFT); and Brief Strategic Family Therapy (BSFT).
- Statewide Adult, Child and Adolescent Practices: Motivational Interviewing (MI); Client Directed, Outcome Informed Practice; and Peer to Peer Services.

Methamphetamine Centers of Excellence: Arizona's three Centers of Excellence (COE) continue to grow and increase their skills and competency in delivering the best practice Matrix Model. All three COEs have continued to see positive outcomes for treatment participants, including increased parent and child reunification. Through a collaborative agreement, ADHS/DBHS and the Arizona State University (ASU) Center for Applied Behavioral Health Policy, conducted "Booster Trainings" for the T/RBHAs in FY 2007 in order to expand availability of evidence-based treatments for methamphetamine use disorders to adults with SMI across the state. The trainings encompassed the best practice models of motivational interviewing, contingency management, use of the ASAM and assessing for co-occurring disorders.

Collaboration with the Primary Care System to Improve Services to Those with Serious Co-Occurring Physical and Behavioral Health Disorders: In FY 2005, the Collaborative Agreement Task Force was initiated for a two phase project addressing ways to improve services for this specific population. Phase 1 focused on those with serious mental disorders with co-occurring chronic medical conditions, and Phase 2 focused on using the lessons learned from Phase 1 to expand the project to cover all TXIX/XXI behavioral health recipients who are served by both the AHCCCS Health Plans and the behavioral health system. In early FY 2007, the ADHS/AHCCCS collaboration of care project was incorporated into the larger statewide Governor's e-Health Initiative to develop automated tools for information sharing across the primary and behavioral health care community. Results from the Independent Case Review conducted in FY 2006 indicated that care coordination was evident of 72% of charts reviewed.

Active Involvement of Behavioral Health Recipients and Families in Behavioral Health System: In FY 2006 ADHS/DBHS let a RFP for agencies to recruit and train behavioral health recipients and family members to participate in ADHS/DBHS activities including committees, mystery shopping, satisfaction surveys, review of data and feedback on proposed initiatives. Contracts were awarded in FY 2007.

This Family/Advocacy RFP was awarded to six family and consumer organizations in FY 2007. The RFP was designed to enhance involvement of behavioral health recipients, family members and grassroots organizations in the direct oversight of the behavioral health system. Service contracts included:

- Services to promote individual/family involvement in policy and system oversight, including the ADHS/DBHS Quality Management and Policy Committees, as well as Mystery Shopper activities;
- Peer and family Support and Information programs on statewide basis;
- Establishment of a Latino Family Involvement Center in Phoenix and Yuma;
- Substance Abuse Peer Recovery Training programs;
- ADHS/DBHS Stigma Reduction Committee (activities further detailed below);
- Services to support behavioral health recipients/family participation in local and national conferences and workshops, and
- Annual Depression Screening events.

Stigma Reduction: As reported above, ADHS/DBHS released the Family/Advocacy RFP in late FY 2005 to establish direct service contracts with family and consumer organizations to address

stigma and promote direct stakeholder involvement in behavioral health service delivery. The National Alliance for the Mentally Ill – Arizona Chapter (NAMI-AZ) was awarded the contract to develop and support a statewide coalition of community members to develop the first ADHS/DBHS Stigma Reduction Plan. The Coalition was launched in early FY 2007, using nationally recognized media materials on stigma reduction from SAMHSA.

Strategic Re-Design of Clinical Operations Bureau: The FY 2007 CMHS Block Grant Plan had reported on the re-design of the Clinical Operations Bureau, which focuses on integration, critical operations, promoting excellence in practice across programs, and maximizing funding sources. A new Family and Community Support Office was also created to within the Bureau to promote and support a statewide network of behavioral health recipients and family participants in behavioral health service delivery, including expanding access to Peer and Family Support Services and designing innovative mechanisms for incorporating family, individual and youth voice into the ADHS/DBHS system. The Office Manager and an adult with lived experience were hired and on board in July 2007.

In addition, the new Office of Clinical Practice Improvement, also under the Clinical Operations Bureau, was fully staffed in FY 2007 with five Clinical Advisors, who focus on the development and implementation of best practices in community mental health, substance abuse treatment and prevention through practice standards, workforce development and performance evaluation. The Office is involved in such initiatives as: the ongoing transformation of the children's system of care; strengthening tribal partnerships including technical assistance; support of the Methamphetamine Centers established during FY 2006; and participation in the revision of the intake and assessment process.

Improving the Quality of Assessment and Service Planning: ADHS/DBHS continued its work on improving the quality of assessment and service planning through the work of its Clinical Council throughout FY 2006. In FY 2007, ADHS/DBHS created an Assessment Subcommittee under the Best Practice Advisory Committee, comprised of representatives from AHCCCS, ADHS/DBHS Policy and Clinical Bureaus, T/RBHAs, plaintiffs' counsel and peer/family involvement entities, to oversee modifications to the current assessment process. In late FY 2007 a Children's Assessment Subcommittee was formed to begin work on aligning the assessment process with the Child and Family Team (CFT) practice that mirrors the engagement process and changes being made as part of the larger Assessment Committee.

ADHS/DBHS also launched its Paperwork Reduction Initiative in early FY 2007 that would include a review of the core assessment to reduce the size of the tool and the time spent by clinicians and behavioral health recipients seeking services at the doorway to behavioral health treatment.

Implementation of the Federal Grievance System Requirements: ADHS/DBHS has fully implemented the federal grievance system requirements that provide due process to behavioral health recipients who are eligible for Medicaid services with respect to complaints; written notices to behavioral health recipients; appeals; and requests for State Fair hearings. The T/RBHAs are monitored on a quarterly basis to ensure sustained compliance and to provide technical assistance if needed.

Implementation of the Statutory Expansion of the Oversight Responsibilities of the Regional Human Rights Committees: The responsibility of these Committees is to provide independent oversight and monitoring; responsibility was expanded statutorily to include the non-Medicaid, non-SMI populations. ADHS/DBHS policies regarding the Committees were also modified to reflect the changes.

Improve Access to Care in Rural and Geographically Remote Areas: ADHS/DBHS conducted its annual RBHA Network Sufficiency Analysis in late FY 2006 and early FY 2007, which included a focus on telemedicine capability and access to care in rural regions of the state. The transportation infrastructure within each regional area was also targeted, to ensure adequate access to transportation services for enrolled behavioral health recipients and their families. The Network Operations Unit within the Division for Clinical and Recovery Services was created to conduct ongoing monitoring of network sufficiency, including changes due to provider closures or contract changes.

The Behavioral Health Practitioner Loan Repayment Program (Senate Bill 1129) was passed in FY 2006, which establishes a tuition loan reimbursement program for behavioral health professionals and behavioral health technician staff who agree to serve for two years in an Arizona Mental Health Professional Shortage Area. ADHS/DBHS worked throughout FY 2007 and will continue in FY 2008 to develop a rules package to implement this statute.

ADHS/DBHS is also improving and expanding its Intergovernmental Agreements (IGAs) with its contracted Arizona Indian Tribes. These are: Gila River Indian Community; Navajo Nation; Pascua Yaqui Tribe; Colorado River Indian Tribe, and the new TRBHA, the White Mountain Apache Tribe. These agreements will provide much needed services to an underserved population in Arizona's remote and rural areas.

Clinical Guidance Documents: Under the direction of the ADHS/DBHS Medical Director and Assistant Medical Director, the Division researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona's public behavioral health system. These documents are known as Clinical Practice Guidelines, Practice Improvement Protocols (PIPs), and Technical Assistance Documents (TADs). Clinical Practice Guidelines are existing national standards (e.g. APA). PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services. TADs provide guidance for implementing covered behavioral health services and other ADHS/DBHS recommended protocols. The following Practice Improvement Protocol was implemented in FY 2007:

- Arizona State Hospital: Effective Utilization and Collaboration: This PIP establishes protocols that facilitate collaborative decision making between the State Hospital, T/RBHAs, other referring agencies, the patient, family, and other legal representatives for admission, treatment planning and discharge of patients from the State Hospital. The State Hospital is a long term inpatient psychiatric hospital that provides the most restrictive (i.e., longer term treatment), highest level of care available in the state, and is Arizona's only state operated psychiatric hospital. It is imperative that clinical data support the admission of any person as being medically necessary and that this level of

care is the most appropriate and least restrictive alternative treatment option. It is also important to communicate the hope of recovery for each individual; this will be achieved through collaboration with the patient, family, or legal representatives, and community providers to identify individual recovery supports that will lead toward community re-integration.

- The Unique Behavioral Health Service Needs of Children, Youth and Families Involved with Child Protective Services (CPS): The PIP provides an understanding of the unique needs of this population and to provide guidance to the Child and Family Teams (CFTs) in responding to those needs. It also outlines the clinical considerations for serving children involved with CPS, their families, and other caregivers.

- Psychotropic Medication Use in Children, Adolescents, and Young Adults: This PIP establishes and maintains a process that promotes the best practices regarding the safe and effective use of psychotropic medications for children, adolescents, and young adults (up to age 21).

- Peer Workers/Recovery Support Specialists within Behavioral Health Agencies: This PIP provides guidance to Behavioral Health Agencies in implementing peer worker/recovery support services within their organizations and to enhance the effectiveness of mental health and substance abuse disorder services through the expansion of peer-delivered services. The PIP is targeted to all adult agencies and organizations that hire individuals who are or have been service recipients of the behavioral health system. Targeted employees include individuals that are or have been enrolled in the behavioral health programs, such as general mental health, substance abuse and serious mental illness services.

- Home Care Training to Home Care Client Services (HCTC) to Children: This PIP was developed to ensure that the provision of home care training to home care client services for children is consistent with the Arizona Vision and the Arizona 12 Principles (result of J.K. settlement agreement, described later in this Section). The PIP outlines the clinical considerations related to initial service delivery, active treatment during service delivery, and necessary transition planning for sound utilization of HCTC services. The target population is Title XIX/XXI eligible children for whom HCTC services are being considered and/or being delivered.

- Out of Home Services: The PIP operationalizes best practices in residential treatment centers and behavioral health group homes to ensure that children and adolescents who receive out of home care services, and their families, receive services consistent with the Arizona Vision and 12 Practice Principles. The target population is all enrolled behavioral health recipients under the age of 21 receiving out of home behavioral health services in Level I, II, or III residential settings.

The following Technical Assistance Document (TAD) was implemented in FY 2007:

- Assessing Suicidal Risk: This TAD provides guidelines to improve the practice of assessing suicidal risk, thereby ensuring appropriate clinical practice and affecting positive clinical outcomes through appropriate and timely identification of symptoms and delivery of services for persons at risk for suicide and their families. The guidelines are to be used by behavioral health professionals or others involved in assessing those individuals at risk for suicide. A Special Suicide Risk Assessment tool was also developed to be incorporated as an addendum to the ADHS/DBHS Core Assessment.

**New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waiver, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangement**

Several significant changes in federal eligibility rules were implemented in 2007 and work continues to track the impact of these rules on Arizona's behavioral health system:

- The Medicare Modernization Act established a separate system for prescription drug benefits for the dually eligible population, including behavioral health recipients receiving psychotropic medications. The Arizona Legislature increased the base funding by $322,600 from the State general fund in the FY 2007 session to provide assistance for approximately 14,000 dually eligible members who cannot afford co-payments and receive behavioral health services. Previous to the change in Medicare law, Title XIX paid the co-payment for prescriptions, which ranged from $1.00 to $5.35.

- The Deficit Reduction Act imposed new requirements to verify citizenship as a condition of Medicaid eligibility. ADHS/DBHS will continue to monitor the impact of the federal statutes on enrollment in Arizona's public behavioral health system.

- Institute for Mental Disease Waiver (IMD): In an effort to encourage States to shift persons with chronic mental illness from large hospital-like settings to alternative settings, federal funding was discontinued for large inpatient mental health treatment facilities with more than 16 beds. The federal government granted some states, including Arizona, to continue to receive funding for these inpatient facilities through an IMD waiver. The federal government has begun a two year phase out of the IMD waiver. The first year of the phase out funding will result in the loss of 50% of federal funding in FY 2008 and 100% in FY 2009. The Arizona Legislature allocated $2 million in new program monies in FY 2007 to offset the lost federal funding.

In addition, the Arizona Legislature allocated funding in its 2007 State Legislative Session:

- Crisis Intervention Training (CIT) Program: The Arizona Legislature allocated $250,000 in new program monies in the FY 2007 session to establish a crisis intervention training program to work with law enforcement agencies that request training of its first responders to effectively respond to crises related to mental illness. The program is a 40-hour training curriculum consisting of instruction in communication techniques, resources available in the community as alternatives to incarceration, and the signs and

symptoms of psychiatric illnesses, behaviors of those in a psychiatric crisis and drugs and their side effects.

- Arizona State Hospital: The Arizona Legislature increased the base funding of the State Hospital Fund in its FY 2007 session 2007 by $2 million to provide additional funding to replace declining revenues for reimbursement from counties for Restoration to Competency (RTC) treatment, and reimbursement from Title XIX for services provided to the Hospital. Revenues to the Fund are declining due to an increase to the RTC reimbursement percentage as well as the first year of the IMD Waiver phase-out. Additional funding was needed to avoid a negative fund balance or the elimination of critical services.

- Arizona State Hospital-Electronic Medical Records: The Arizona Legislature also allocated $300,000 in FY 2007 to provide new program monies to begin implementation of a full electronic medical system by upgrading existing software and network capability at the Hospital and developing new functionality within the current software. The Hospital currently operates under a partial electronic medical record and cannot achieve electronic health data exchange without system upgrades and further system development.

- Arizona State Hospital-Forensic Hospital: The Arizona Legislature also allocated $32 million in new program monies in FY 2007 for a General Fund lease purchase agreement, which will be used to replace existing forensic units that are used to treat Restoration to Competency, Guilty Except Insane and Not Guilty by Reason of Insanity populations. Current facilities are deteriorating and are at risk of becoming unsafe. The Legislature approved funding to renovate facilities in 2000 for new construction of the entire State Hospital, however the forensic funding was later repealed during the state's budget deficit in 2002.

**Legislative initiatives and changes**

The following legislation affecting behavioral health was passed in the Arizona Legislature in its FY 2007 Session and signed by the Governor:

**SB 1628: Youthful Sex Offenders:** Youthful sex offenders placed in treatment must be placed in a program with similar offenders of a similar age and developmental maturity level. Mental health treatment for youthful sex offenders must comply with the ethical requirements of the Association for the Treatment of Sexual Abusers. If a juvenile is being tried as an adult, the juvenile or the court can make a motion for a hearing to determine if the criminal prosecution should be transferred to the juvenile court. The case must be transferred to juvenile court if the court finds by clear and convincing evidence that public safety and the rehabilitation of the juvenile would be best served by the transfer. Factors the court must consider at the transfer hearing include the seriousness of the offense, the record of the juvenile, the views of the victim, and the juvenile's mental and emotional condition. Upon request, the court must hold a probation hearing at least once a year for a registered sex offender who is under 22 years of age if the offense occurred when the person was a minor. At the probation hearing, the court must

consider whether to continue, modify or terminate the probation, the registration, and the community notification.

**SB 1482: Psychiatric Security Review Board:** Requires judges to sentence defendants found guilty but insane to the Department of Corrections (DOC) to be placed under the jurisdiction of the Psychiatric Security Review Board (Board) and committed to a state mental health facility under the Department of Health Services. The court retains jurisdictional authority on matters not delegated to the Board for the duration of the presumptive sentence. When the Board determines that the defendant no longer no longer needs ongoing treatment for a mental disease and the person is dangerous or has a propensity to re-offend, the Board must order the person to be transferred to DOC for the remainder of the sentence. The defendant may petition for judicial determination within 20 days of the Board's decision, to review mental stability and likelihood for re-offending, and has the burden of proving the issues by clear and convincing evidence.

**HB 2155: Prescriptions: Emergencies:** Situations are described during which or as a consequence of which a pharmacist may dispense emergency prescription refills if the pharmacist believes the medication is essential to maintain life or continue therapy. Pharmacists unlicensed in this state but licensed in another state may dispense prescriptions in times of declared emergency in the affected area(s).

**HB 2255: Pharmacies: Quality Assurance:** Requires pharmacies to implement and participate in a continuous quality assurance program targeting medication errors. Program records are not subject to subpoena or discovery in arbitration or civil suits. Hospital pharmacies are deemed to be in compliance if the hospital is accredited. The state Pharmacy Board is to adopt rules governing the program.

**A brief description of regional/sub-State programs, community mental health centers, and resources of counties and cities, as applicable, to the provision of mental health services within the State**

The structure of the Arizona mental health service delivery system is divided into six (6) geographical regions, served by four (4) Regional Behavioral Health Authorities (RBHAs) and three (3) Tribal Regional Behavioral Health Authorities (TRBHAs). The system is designed to promote a service system that is responsible to and reflective of the unique needs of particular areas of the state and its population. The direct local administration of the system is accomplished by the T/RBHAs.

T/RBHAs are responsible for assessing the service needs in their region and developing a plan to meet the needs. The T/RBHA system has been integrated for a number of years, making one system responsible for coordinating alcohol, drug and mental health services for all populations. The T/RBHAs contract with a network of providers to deliver a full range of behavioral health services, including prevention programs for adults and children, a full continuum of services for adults with substance abuse and general mental health disorders, adults with a serious mental illness, and children with a serious emotional disturbance.

The T/RBHAs operate in a variety of ways:
1) Subcontracting with provider networks,

2) Providing services directly, or
3) Individual fee-for-service contracts.

ADHS/DBHS has the responsibility for direct oversight, both fiscally and programmatically, for the activities of each of the seven (7) T/RBHAs. The T/RBHAs in turn are required to monitor their provider networks. Monitoring for contract compliance, adherence to Medicaid regulations, fiscal accounting, program design, delivery, and effectiveness, occurs in a structured manner and on an annual basis. Client satisfaction surveys are now produced each year. Within ADHS/DBHS, there is a monitoring team assigned to each T/RBHA. Each year, the teams conduct a formal monitoring visit to each T/RBHA. Additional monitoring occurs throughout the year, based on the outcome of the yearly monitoring reviews. In addition, ADHS/DBHS established a Compliance Office in FY 2006 to provide a central locus for these activities. Five new positions were created, whose primary responsibility is to ensure T/RBHA compliance.

Arizona has the second largest American Indian population in the United States. American Indian tribes comprise 5% of the state's population. To accommodate the behavioral health needs of this population, there are several service options for delivery of mental health services to American Indians, both on and off reservation. American Indians who live off reservation may access services through the RBHA system in the same manner as any other Arizona resident. For American Indians living on reservation, the tribe has the option of:

- Entering into an Intergovernmental Agreement (IGA) with ADHS/DBHS to deliver behavioral health services, with the tribe acting as its own TRBHA.
- Contracting with the local RBHA to provide services. Three tribes that have subcontracted with local RBHAs to provide services are the Hopi Tribe, Hualapai Tribe and the San Carlos Apache Tribe.
- Referring on-reservation tribal members to obtain behavioral health services either at Indian Health Service (IHS) facilities or tribal members may present for services individually at off reservation RBHA providers within the RBHA geographic service area.
- Entering into a P.L. 93-638 contract or compact with IHS to provide behavioral health services on reservation. Nine tribes under the authority of P.L. 93-638 operate mental health programs to directly serve the IHS eligible patient population. These tribes include Colorado River, Gila River, Hopi, Hualapai, Navajo, Pascua Yaqui, San Carlos Apache, White Mountain Apache and the Tohono O'Odham Nation. IHS provides available mental health services to tribal members not served at these contracted programs. These tribes along with Cocopah, Quechan, Fort McDowell, Fort Mojave, Kaibab Paiute, Salt River, San Lucy District, Tonto Apache, Yavapai Prescott and Yavapai Apache operate outpatient alcohol and substance abuse programs within their communities. For tribes without 638 alcohol/drug abuse contracts, tribal members are served directly by IHS. Ak-Chin tribal members receive services through the Gila River Indian Community.

  Allocations to tribes for 638 Compacts are subject to the annual federal and congressional appropriations process. These amounts have remained much lower than requested by the tribes and IHS to address the needs of tribal communities. A 638 Compact, however, allows a tribe to be flexible in the utilization of its federal resources. The overall lack of

federal and state resources is a critical issue for tribes and impedes their efforts to improve access to behavioral health services by individual tribal members and families.

**Description of how the State mental health agency provides leadership in coordinating mental health services within the broader system**

ADHS/DBHS is an active partner with AHCCCS to develop more services for the general populations. In FY 2001, AHCCCS made it possible for primary care physicians to prescribe psychotropic medications to people who have uncomplicated behavioral health disorders. A process has been developed between the RBHAs and the AHCCCS Health Plans to address appropriateness and coordination of care between the two systems when people are prescribed psychotropic medications through a primary care physician.

ADHS/DBHS has worked closely with the Arizona Department of Economic Security (DES) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local plans were developed and implemented in the six geographic services areas (GSAs) of Arizona to develop foster care placement preservation, personnel co-location, service development prioritization and cross-system training protocols. ADHS/DBHS and DES have also accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004 ADHS/DBHS and RBHAs implemented a universal, urgent (within 24 hours) behavioral health response for every child being removed from their family into protective foster care, as initiated by the Child Protective Services (CPS) investigator. ADHS/DBHS, DES and AHCCCS are jointly developing training curricula to support seamless service for children leaving foster care through the Adoption Subsidy Program.

ADHS/DBHS and the other child serving state agencies have also been working together to monitor out-of-state residential treatment center placements and how to transition these children back into their communities. Placement prevention strategies are also being reviewed.

ADHS/DBHS implemented the Correctional Officer/Offender Liaison (COOL) program in 1998 to better serve the substance abuse treatment and behavioral health service needs of high-risk offenders on parole. ADHS/DBHS and the Arizona Department of Corrections (ADC) have an Interagency Service Agreement (ISA) to ensure rapid access to treatment and increased coordination for clients transitioning from prison to the community.

In keeping with the concept of consumer involvement in all levels of the public behavioral health system, ADHS/DBHS also invited stakeholders, including members of the Arizona Behavioral Health Planning Council to participate in the development of its FY 2005 – 2009 Strategic Plan.

Finally, ADHS/DBHS is actively involved with community efforts to implement Healthy People 2010 with the general public. ADHS/DBHS also provides staffing and assistance to several coalitions and community groups that work to improve behavioral health services to the public.

## SECTION II

## IDENTIFICATION AND ANALYSIS OF THE SERVICE SYSTEM'S STRENGTHS, NEEDS AND PRIORITIES

### ADULT SYSTEM, CRITERION 1

**Strengths and Weaknesses of the Service System:**

Increase/Retained Employment or Return to/Stay in School: As a recovery model, ADHS/DBHS will continue to work to increase employment and vocational opportunities to adults with SMI throughout the state. Over 750 students have graduated from the Recovery Innovations Peer Employment Training (PET) program in Maricopa County during the past four years. Of these graduates over 425 have been employed in Recovery Innovations programs in a range of positions from recovery coaches in the Recovery Education Center (out of the Recovery Innovations Center, formerly META Services) and case management clinics; recovery coaches in the self-directed peer program, peer- run supported housing, and community based peer support. Also, the implementation of the Covered Services Project in FY 2001 included supported employment, which can be Title XIX/XXI reimbursable. One identified system weakness is the shortage of skilled vocational rehabilitative staff in rural areas, as well as the lack of employment opportunities in rural and remote areas. (Goal 1).

Use of Evidence Based Practices (EBPs): ADHS/DBHS developed a Practice Improvement Protocol (PIP) regarding the use of evidence based practices in FY 2005. The PIP's purpose was to identify those approaches, treatments and modalities that ADHS/DBHS recognizes and endorses for use by behavioral health providers delivering services in the public behavioral health system. Included in the PIP is a list of EBPs; the list is not intended to be comprehensive nor does ADHS/DBHS mandate that RBHAs and behavioral health providers strictly adhere and restrict treatment approaches to the best practices identified. In addition, ADHS/DBHS created the Best Practice Advisory Committee to assist the Division in the implementation of best practices. One identified system weakness is that the State's Client Information System (CIS) has the capacity to collect only two EBPs, which are supported housing and supported employment. (Goal 2).

Client Perception of Care: In collaboration with the RBHAs and their providers, ADHS/DBHS administers a statewide consumer survey each year, which is based on the Mental Health Statistics Improvement Program's (MHSIP) recommended Adult Consumer Survey and Youth Services Survey for Families. Information gathered from these surveys allows Arizona to continue to benchmark its performance with other states. The surveys continue to include the innovative changes made in the 2003 survey, including the participation of consumers, family members and providers in the planning process and training development. One identified system issue is that data from the most recent survey (2007) was not available at the time of this writing, as ADHS/DBHS-AHCCCS contract requirement timelines do not coincide with the CMHS Block Grant timeline. (Goal 3).

Reduced Utilization of Psychiatric Inpatient Beds: Unlike many states, the State behavioral health system oversees only one State Hospital for inpatient hospitalization. Arizona's community based system of care places individuals in the least restrictive environment within the

community. However, individuals requiring long term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow community services within 7 days of discharge. Also, data indicates that Arizona has one of the lowest inpatient utilization rates in the country. One system issue may be the capped census for the Hospital, since there is only one in the State.

The reporting of adults with SMI re-admitted to the State Hospital within 30 days and 180 days is a national outcome measure and required by CMHS. Civil adult patients are committed here if they have not responded well following 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment. Many are homeless, or cannot be treated in a specialized home setting with outpatient services. Many of the patients are the most dangerous (to themselves or others) in the community, with histories of self-mutilation, assault or arson. Arizona has one state psychiatric hospital, compared to other states with many more; it is difficult to continue to reduce the utilization due to this factor. (Goals 4 and 5).

Decreased Criminal Justice Involvement: ADHS/DBHS implemented the Correctional Officer/Offender Liaison (COOL) program in 1998 to better serve the substance abuse treatment and behavioral health service needs of high-risk offenders on parole. However the COOL program only serves adults who are not deemed SMI. In order to provide services to adults with SMI in the prison system, ADHS/DBHS implemented a data exchange agreement with the Arizona Department of /Corrections (ADC) to better coordinate care for adults with SMI leaving the prison. A continuing problem is the delay in re-establishing Medicaid benefits for adults leaving a prison setting. (Goal 6).

Improved Level of Functioning: States are now required to develop goals and targets for this National Outcome Measure (NOM). This NOM, "improved functioning," is currently in developmental status and as this measure is further defined by SAMHSA, States will receive updates to support their reporting efforts. However, as States are required to report on this NOM, ADHS/DBHS will use data gleaned from the URS Tables to establish a baseline for FY 2008, and track the trend over the three year grant cycle. (Goal 7).

Increased Social Supports/Social Connectedness: States are now required to develop goals and targets for this new National Outcome Measure (NOM). This NOM, "increased social supports/social connectedness" is currently in developmental status and as this measure is further defined by SAMHSA, States will receive updates to support their reporting efforts. However, as States are required to report on this NOM, ADHS/DBHS will use data gleaned from the URS Tables to establish a baseline for FY 2008, and track the trend over the three year grant cycle. (Goal 8).

**Analysis of Unmet Service Needs & Critical Gaps in Current System:**

Increase/Retained Employment or Return to/Stay in School: ADHS/DBHS partners with the Arizona Department of Economic Security-Rehabilitative Services Division through an Intergovernmental Agreement (IGA) to provide adults with SMI vocational rehabilitation opportunities. As reported above, many educational opportunities are available for individuals through the PET program and through the consumer operated community service agencies

located in urban and rural areas of the state. However, there continues to be a shortage of skilled vocational rehabilitation counselors, especially in rural areas of the state. (Goal 1).

Use of Evidence Based Practices: The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system. Improving clinical and workforce skills in EBPs continue to be an ongoing service need in Arizona. (Goal 2).

Client Perception of Care: The use of the survey data to inform decision making for effective and efficient service delivery is promoted through a widespread dissemination of the survey results. The T/RBHAs present and discuss the results with their respective provider groups and community stakeholders, and ADHS/DBHS disseminates the results to the Human Rights Committee, Behavioral Health Planning Council, other consumer advocacy groups and the Governor's Office. (Goal 3).

Reduced Utilization of Psychiatric Inpatient Beds: Due to the aging facility, $80 million was appropriated in 2000 for the renovation, demolition and construction of a new 16-bed Adolescent Treatment Facility (opened July 2002), a new Adult Civil 200-Bed Facility (opened January 2003), and hospital infrastructure. These new facilities have done a great deal to improve the environment of care for patients and staff at the Arizona State Hospital campus.

In FY 2005, the Joint Committee on Capital Review approved the transfer of $3.5 million from the Hospital Capital Construction Fund to the Department of Administration to fund capital projects and improvements to older hospital buildings. (Goal 4 and 5).

Decreased Criminal Justice Involvement: States are now required to develop goals and targets for this new National Outcome Measure (NOM). ADHS/DBHS will use data gleaned from its Client Information System (CIS) to provide the data for FY 2008 and track the trend over the three year grant cycle. (Goal 6).

Improved Level of Functioning: In 2002, SAMHSA launched the Data Infrastructure Grant (DIG) to begin collecting system-level performance measures from all the States. The primary objective of the DIG is to enable States to develop the infrastructure needed to support uniform data reporting across all state mental health agencies. As the system moves towards Recovery, it is essential to collect this data to determine if services and treatment are improving individuals' lives. The DIG grant and the annual Consumer Satisfaction Survey capture this information. ADHS/DBHS continues to work with the T/RBHAs to improve the quality of data. (Goal 7).

Increased Social Supports/Social Connectedness: As stated above, SAMHSA launched the Data Infrastructure Grant (DIG) to begin collecting system-level performance measures from all the States. As the system moves towards Recovery, it is essential to collect this data to determine if services and treatment are improving individuals' lives in a variety of areas. The DIG grant and the annual Consumer Satisfaction Survey capture this information. ADHS/DBHS continues to work with the T/RBHAs to improve the quality of data. (Goal 8).

**System Priorities & Plans to Address Unmet Needs:**

Increase/Retained Employment or Return to/Stay in School: The most recent ADHS/DBHS-DES/RSA IGA was executed in February 2007. ADHS/DBHS contributes 21.3% of the annual RSA budget in non-Federal funds as matching Federal basic support grant dollars, which was $1,840,914 for FY 2007. ADHS/DBHS also created and filled a new staff position dedicated to the coordination of employment and rehabilitation services statewide and the implementation of the IGA. The IGA ensures customization of vocational rehabilitation services for individuals enrolled in the public behavioral health system. (Goal 1).

Evidence Based Practices: The Best Practice Advisory Committee will continue its mission to review and endorse the use of nationally recognized best practices for the state. During FY 2007, the Committee agreed to focus on the development of capacity and expertise in the several EBPs, which are identified in the summary of recent significant achievements. These will be carried out throughout FY 2008. (Goal 2).

Client Perception of Care: Innovative changes initiated in the 2003 survey were continued in the 2006 administration of the statewide consumer survey. Further improvements were implemented, particularly in the areas of enhanced training strategies and materials to prepare RBHAs and providers for the survey process; enhanced promotional materials to inform consumers; and a modified sampling methodology to simplify the administration process. (Goal 3).

Reduced Utilization of Psychiatric Inpatient Beds: The Legislature approved funding to renovate facilities in 2000 for new construction of the entire State Hospital, however the forensic funding was later repealed during the state's budget deficit in 2002. However, the Arizona Legislature allocated funding in its 2007 session to improve the Hospital's physical plant and operations. (Goals 4 and 5).

Decreased Criminal Justice Involvement: ADHS/DBHS will establish a baseline for FY 2008 regarding adults with serious mental illness and their involvement in the criminal justice system and track the trends over the three year Block Grant cycle. The Data Infrastructure Grant and the Consumer Satisfaction Survey also capture individuals' involvement with the criminal justice system. (Goal 6).

Improved Level of Functioning: ADHS/DBHS will establish a baseline for FY 2008 regarding adults with serious mental illness and their reported level of functioning, and will track the trend over the three year Block Grant cycle. The Data Infrastructure Grant and the Consumer Satisfaction Survey capture this information. (Goal 7).

Increased Social Supports/Social Connectedness: ADHS/DBHS will establish a baseline for FY 2008 regarding adults with serious mental illness and their reported level of involvement with social supports and connectedness. The trend will be tracked over the three year Block Grant cycle. The Data Infrastructure Grant and the Consumer Satisfaction Survey capture this information. (Goal 8).

**Summary of Recent Significant Achievements:**

Increase/Retained Employment or Return to/Stay in School: Recovery Innovations (formerly META Services) developed peer support training curriculum in 2001, and has trained and certified over 750 peers in Maricopa County, Northern and Southwestern Arizona. A sister agency, RISE, operating out of the University of Arizona, is providing peer support training in Pima County and Southeastern Arizona. As of March 2007 more than 450 consumers were employed and delivering peer support services in agencies across the state. Recovery Innovations, which is a consumer run organization, opened the Recovery Education Center (REC), a licensed private post-secondary educational institution in Arizona. Through an agreement with South Mountain Community College, REC offers credit for most classes as well as an associate's degree in behavioral health recovery. (Goal 1).

Evidence Based Practices: The following best practices were agreed upon by the Best Practice Advisory Committee in FY 2007, which will be carried out throughout FY 2008:

- Specialized Adolescent/Young Adult Substance Use Disorder Treatment: Motivational Interviewing (MI).
- Selected Innovation Zones: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT); Adolescent Community Reinforcement Approach (ACRA); Multi-Dimensional Family Therapy (MDFT); and Brief Strategic Family Therapy (BSFT).
- Statewide Adult, Child and Adolescent Practices: Motivational Interviewing (MI); Client Directed, Outcome Informed Practice; and Peer to Peer Services. (Goal 2).

Client Perception of Care: The most recent statewide consumer survey was conducted in spring of 2007 jointly by ADHS/DBHS, the Tribal and Regional Behavioral Health Authorities (T/RBHAs), and their contracted service providers. The results of the 2007 survey are currently being compiled and tabulated. The most recent survey for which the results have been published is the 2006 Consumer Survey. The 2006 MHSIP Consumer Survey was distributed to a statewide sample of 3,267 clients. The statewide response rate was 77%. As was seen in previous survey administrations, consumer perception of outcomes of their treatment remains an area for improvement.

The results of the 2006 MHSIP Adult Consumer Survey show higher rates of consumer satisfaction than were found in 2005. The majority of consumers express satisfaction with the services they receive, particularly with the Quality and Appropriateness of Services, scoring 84% satisfied. The final results for the FY 2007 Survey will not be available until October 2007. (Goal 3).

Reduced Utilization of Psychiatric Inpatient Beds: The Arizona Legislature allocated $32 million in new program monies in FY 2007 for a General Fund lease purchase agreement, which will be used to replace existing forensic units that are used to treat Restoration to Competency, Guilty Except Insane and Not Guilty by Reason of Insanity populations. Current facilities are deteriorating and are at risk of becoming unsafe. The Arizona State Hospital Discharge Fund was also established in June 2006, and continues to provide for the immediate needs of adults and children leaving the Hospital, until other benefits become activated. (Goal 4 and 5).

Decreased Criminal Justice Involvement: ADHS/DBHS will continues its work to better coordinate care for adults with SMI leaving the prison through its data exchange agreement with the Arizona Department of /Corrections (ADC), and track the numbers of adults with SMI involved in the criminal justice system. (Goal 6).

Improved Level of Functioning: ADHS/DBHS recently added the following questions to its FY 2007 Consumer Satisfaction Survey: 1) I do things that are more meaningful to me; 2) I am better able to take care of my needs; 3) I am better able to handle things when they go wrong; 4) I am better able to do things that I want to do. The findings will serve as a baseline for FY 2008 and will be tracked for trends throughout the three year cycle of the Block Grant. (Goal 7).

Increased Social Supports/Social Connectedness: ADHS/DBHS recently added the following questions to its FY 2007 Consumer Satisfaction Survey: 1) I am happy with the friendships I have; 2) I have people with whom I can do enjoyable things; 3) I feel I belong in my community; and 4) In a crisis, I would have the support I need from family or friends. The findings will serve as a baseline for FY 2008 and will be tracked for trends throughout the three year cycle of the Block Grant. (Goal 8).

## ADULT SYSTEM, CRITERION 2

**Strengths and Weaknesses of the Service System:**

Increased Access to Services: Significant strides have been made in the state to enhance the delivery of covered services. ADHS/DBHS provides a comprehensive array of covered behavioral health services and recovery services. The Behavioral Health Practitioner Loan Repayment Program (Senate Bill 1129) was passed in FY 2006, which establishes a tuition loan reimbursement program for behavioral health professionals and behavioral health technician staff who agree to serve for two years in an Arizona Mental Health Professional Shortage Area. ADHS/DBHS worked throughout FY 2007 and will continue in FY 2008 to develop a rules package to implement this statute. However, a workforce shortage continues throughout the state, especially in rural and remote areas, as well as the availability of prescribers in these areas. (Goal 1).

**Analysis of Unmet Service Needs & Critical Gaps in Current System:**

Increased Access to Services: ADHS/DBHS issued an Advocacy Request for Proposal (RFP) in FY 2006 for services to transform Arizona's public behavioral health system, and awarded $800,000 in funding to community organizations, beginning FY 2007. Services will include: consumer and family participation in such programs as the "Mystery Shopper", the DBHS Quality Management (QM) and Policy Committees; peer and family support and information centers; development of a Latino Family Involvement Center; establishment of a consumer and family travel fund for conferences and other trainings; substance abuse peer support training; and the annual depression screening events. The contracts were awarded to a variety of community agencies and advocacy organizations, including NAMI-AZ, META Services, and the Family Involvement Center. In FY 2006, ADHS/DBHS also provided funding for start up of a statewide consumer operated agency provider association known as the "AZ CEOs". (Goal 1 and Goal 1 of Criterion 4).

**System Priorities & Plans to Address Unmet Needs**

Increased Access to Services: ADHS/DBHS conducted its annual RBHA Network Sufficiency Analysis in late FY 2006 and early FY 2007, which included a focus on telemedicine capability and access to care in rural regions of the state. The transportation infrastructure within each regional area was also targeted, to ensure adequate access to transportation services for enrolled behavioral health recipients and their families. The Network Operations Unit within the Division for Clinical and Recovery Services was created to conduct ongoing monitoring of network sufficiency, including changes due to provider closures or contract changes. (Goal 1 and Goal 1 of Criterion 4).

**Summary of Recent Significant Achievements:**

Increased Access to Services: ADHS/DBHS continues its work to expand and enhance its statewide network of providers and behavioral health services, including therapeutic foster care, out of home placement, detoxification, and peer and family support services. ADHS/DBHS will also continue its work to implement the Behavioral Health Higher Education Partnership and the Behavioral Health Practitioner Loan Repayment Program throughout FY 2008. (Goal 1 and Goal 1 of Criterion 4).

## ADULT SYSTEM, CRITERION 4

**Strengths and Weaknesses of the Service System:**

Increased Stability in Housing: States are now required to develop goals and targets for this National Outcome Measure (NOM), which was previously an optional NOM. However, Arizona has been providing data regarding housing needs for several years, as decent, safe and affordable housing is one of the most basic supports necessary for recovery, and is a component of the full array of services and supports available to persons with SMI. Although more adults with SMI now live in independent housing as a direct result of Arizona's housing initiatives, identified below, many remain homeless or live in substandard housing. (Goal 2).

**Analysis of Unmet Service Needs & Critical Gaps in Current System:**

Increased Stability in Housing: ADHS/DBHS hired a statewide housing coordinator in FY 2006, who assists the Division in restructuring the current program and developing additional housing programs to assist people who are discharged from the Arizona State Hospital, unlicensed board and care facilities and those released from jail. ADHS/DBHS housing programs include a Property Acquisition Program and a Move In/Eviction Prevention Program to provide safe, decent and affordable housing from consumers and prevent them from becoming homeless. These programs are funded with State General Funds. (Goal 2).

**System Priorities & Plans to Address Unmet Needs:**

Increased Stability in Housing: ADHS/DBHS developed a "Strategic Plan for Housing in Maricopa County for Individuals with Mental Illness" in FY 2004. The Plan identified a variety of initiatives used to expand both federal and state funded affordable housing units. The ADHS/DBHS Statewide Housing Coordinator restructured the State's mental health housing program and developed additional housing programs to assist people who are discharged from the Arizona State Hospital, unlicensed board and care facilities and those released from jail. (Goal 2).

**Summary of Recent Significant Achievements:**

Increased Stability in Housing: The Arizona Department of Housing (ADOH) received notice in February 2007 that it was awarded renewals and three bonus (Samaritan Initiatives – for chronically homeless individuals served by the public behavioral health system) projects in Continuum of Care grants from the 2007 HUD Super Notice of Funding Availability (NOFA). ADOH submitted an application requesting funding for 85 total awards; three new projects (all three new projects requested leasing dollars only); six Shelter Plus Care renewal grants; 76 Supportive Housing Project renewal grants and were awarded funding for all projects submitted. Thirty five (35) grant awards were specifically for housing persons with a serious mental illness. The renewal projects will provide ongoing rent subsidy for formerly homeless persons currently living in Shelter Plus Care and Supportive Housing projects throughout Arizona. Funded projects were for rural and urban areas of the state. In addition, ADHS/DBHS will award more than $3 million in housing acquisition funds to the RBHAs during FY 2008. (Goal 2).

## CHILD SYSTEM, CRITERION 1

**Strengths and Weaknesses of the Service System:**

Increased School Attendance: ADHS/DBHS and the Arizona Department of Education (ADE) had entered into an Interagency Service Agreement (ISA) to ensure collaboration on behalf of the child and to carry out each agency's mutual duties and responsibilities under state and federal law, rule and regulations. However, the ISA has recently ended and a protocol was developed in its place. A group comprised of DBHS staff, Arizona Attorney General staff and other stakeholders whose current activities involve the reviewing the feasibility of establishing a new agreement or an updating the protocol with ADE. (Goal 1).

Increased Social Supports/Social Connectedness: States are now required to develop goals and targets for this new National Outcome Measure (NOM). This NOM, "increased social supports/social connectedness" is currently in developmental status and as this measure is further defined by SAMHSA, States will receive updates to support their reporting efforts. However, as States are required to report on this NOM, ADHS/DBHS will use data gleaned from the URS Tables to establish a baseline for FY 2008, and track the trend over the three year grant cycle. (Goal 2).

Evidence-Based Practices: ADHS/DBHS developed a Practice Improvement Protocol (PIP) regarding the use of evidence based practices in FY 2005. The PIP's purpose is to identify those approaches, treatments and modalities that ADHS/DBHS recognizes and endorses for use by behavioral health providers delivering services in the public behavioral health system. Included in the PIP is a list of EBPs; the list is not intended to be comprehensive nor does ADHS/DBHS mandate that RBHAs and behavioral health providers strictly adhere and restrict treatment approaches to the best practices identified. In addition, ADHS/DBHS created the Best Practice Advisory Committee to assist the Division in the implementation of best practices. (Goal 3).

Reduced Utilization of Psychiatric Inpatient Beds: The Arizona State Hospital's Adolescent Unit consists of a 16-bed treatment facility which serves as the admission, assessment and treatment program for male and female juveniles, up to age 18, who are committed through civil or criminal (forensic) processes. As noted in the Adult Section, Arizona's community based system of care had placed individuals in the least restrictive environment within the community.

However, individuals requiring long term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow community services within 7 days of discharge. (Goals 4 and 5).

**Analysis of Unmet Service Needs & Critical Gaps in Current System:**

Increased School Attendance: In Arizona, education is highly localized, resulting in many coordination issues at the local level for children with Individual Education Plans (IEPs). This area has been prioritized for 2008. (Goal 1).

Increased Social Supports/Social Connectedness: SAMHSA launched the Data Infrastructure Grant (DIG) to begin collecting system-level performance measures from all the States. As the system moves towards Recovery, it is essential to collect this data to determine if services and treatment are improving individuals' lives in a variety of areas. The DIG grant and the annual Consumer Satisfaction Survey capture this information. ADHS/DBHS continues to work with the T/RBHAs to improve data quality. (Goal 2).

Evidenced-Based Practices: ADHS/DBHS created the Best Practices Advisory Committee, initially established in FY 2006 but restructured during FY 2007 as part of the internal restructuring of the Clinical and Recovery Division. The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system. Improving clinical and workforce skills in EBPs continue to be an ongoing service need in Arizona. (Goal 3).

Reduced Utilization of Psychiatric Inpatient Beds: $80 million was appropriated in 2000 for the renovation, demolition and construction of a new 16-bed Adolescent Treatment Facility (opened July 2002), a new Adult Civil 200-Bed Facility (opened January 2003), and hospital infrastructure. These new facilities have done a great deal to improve the environment of care for patients and staff at the Arizona State Hospital campus. In FY 2005, the Joint Committee on Capital Review approved the transfer of $3.5 million from the Hospital Capital Construction Fund to the Department of Administration to fund capital projects and improvements to older hospital buildings. Arizona continues to seek community based alternatives to the Arizona State Hospital that keep children safe and connected with their families. (Goals 4 and 5).

**System Priorities & Plans to Address Unmet Need**

Increased School Attendance: ADHS/DBHS worked to improve data collection in its Client Information System (CIS) in FY 2006, which greatly improved the reported numbers of children in school. In addition, the Arizona Children's Executive Committee identified improved linkages with schools as one of its top three priorities for FY 2008 during a recent strategic planning retreat. (Goal 1).

Increased Social Supports/Social Connectedness: ADHS/DBHS is currently collecting data through the annual Consumer Satisfaction Survey, and will establish a baseline for FY 2008. Trends will be tracked and reported throughout the three year cycle of the grant. (Goal 2).

Evidence-Based Practices: The Best Practice Advisory Committee was established in FY 2005 and has been restructured to more effectively work with the Division. The Committee's membership was expanded and includes family members and individuals with lived experience. The Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system, including issues of innovation, fidelity, and infrastructure to support adoption. The Committee has prioritized adolescent substance abuse treatment for FY 2007 and FY 2008. (Goal 3).

Reduced Utilization of Psychiatric Inpatient Beds: As noted in the Adult Section, the Arizona State Hospital Discharge Fund was established in June 2006, which provides for the immediate needs of adults and children leaving the Hospital, until other benefits become activated. (Goals 4 and 5).

**Summary of Recent Significant Achievements:**

Increased School Attendance: Children attending school is one of several CMHS core measures that States must collect; school attendance is a component of Arizona's children's reform. The actual figures for FY 2007 and targeted numbers for FY 2008-2010 were modified due to more current data and were slightly decreased. (Goal 1).

Increased Social Supports/Social Connectedness: ADHS/DBHS recently added the following questions to its annual Consumer Satisfaction Survey: 1) I know people who will listen and understand me when I need to talk; 2) I have people that I am comfortable talking with about my child's problems; 3) In a crisis, I would have the support I need from family or friends, and 4) I have people with whom I can do enjoyable things.

The findings will serve as a baseline for FY 2008 and will be tracked for trends throughout the three year cycle of the Block Grant. (Goal 2).

Evidence-Based Practices: The Best Practice Advisory Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system, including issues of innovation, fidelity, and infrastructure to support adoption. Its membership is comprised of individuals representing the diversity of the state: family members, individuals with lived experience, substance abuse and mental health providers, support and rehabilitative providers, T/RBHAs, and the State Medicaid agency, AHCCCS.

In FY 2007 the Committee agreed to focus on the development of capacity and expertise in the following areas, which will be carried out throughout FY 2008:

- Specialized Adolescent/Young Adult Substance Use Disorder Treatment: Motivational Interviewing (MI).
- Selected Innovation Zones: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT); Adolescent Community Reinforcement Approach (ACRA); Multi-Dimensional Family Therapy (MDFT); and Brief Strategic Family Therapy (BSFT).

- Statewide Adult, Child and Adolescent Practices: Motivational Interviewing (MI); Client Directed, Outcome Informed Practice; and Peer to Peer Services. (Goal 3).

Reduced Utilization of Psychiatric Inpatient Beds: The Arizona State Hospital Discharge Fund was established in June 2006 and continues to provide for the immediate needs of adults and children leaving the Hospital, until other benefits become activated. (Goals 4 and 5).

## CHILD SYSTEM, CRITERION 2

**Strengths and Weaknesses of the Service System:**

Increased Access to Services: Significant strides have been made in the state to enhance the delivery of covered services. ADHS/DBHS provides a comprehensive array of covered behavioral health services and recovery services. However, workforce shortages continue to exist in Arizona, especially child psychiatrists to serve rural and remote areas. (Goal 1 of Criterion 2, Goal 1 of Criterion 3 and Goal 1 of Criterion 4).

**Analysis of Unmet Service Needs & Critical Gaps in Current System:**

Increased Access to Services: ADHS/DBHS issued an Advocacy Request for Proposal (RFP) in FY 2006 for services to transform Arizona's public behavioral health system, and awarded $800,000 in funding to community organizations, beginning FY 2007. Services will include: consumer and family participation in such programs as the "Mystery Shopper", the DBHS Quality Management (QM) and Policy Committees; peer and family support and information centers; development of a Latino Family Involvement Center; establishment of a family travel fund for conferences and other trainings. The contracts were awarded to a variety of community agencies and advocacy organizations, including the Family Involvement Center. (Goal 1 of Criterion 2, Goal 1 of Criterion 3, and Goal 1 of Criterion 4).

**System Priorities & Plans to Address Unmet Needs:**

Increased Access to Services: As noted in the Adult Section, ADHS/DBHS continues its work to expand and enhance its statewide network of providers and behavioral health services. In order to be able to increase the number of qualified tribal Home Care Training providers, tribal providers who are certified and approved by the Center for Medicare and Medicaid Services to provide services in lieu of DES or OBHL licensure are now allowed to provide these services.

ADHS/DBHS continues its work to expand and enhance its statewide network of providers and behavioral health services, including therapeutic foster care, out of home placement, detoxification, and peer and family support services. ADHS/DBHS will also continue its work to implement the Behavioral Health Higher Education Partnership and the Behavioral Health Practitioner Loan Repayment Program throughout FY 2007.

In FY 2007, the second phase of the children's system transformation was begun with a kickoff event called "Meet Me Where I Am" held in Phoenix, with over 130 individuals in attendance. Participants included T/RBHA leaders, service providers, state agency partners, family members and advocates from across the state. (Goal 1 of Criterion 2, Goal 1 of Criterion 3, Goal 1 of Criterion 4).

**Summary of Recent Significant Achievements:**

Increased Access to Services: As noted in the Adult Section, ADHS/DBHS continues its work to expand and enhance its statewide network of providers and behavioral health services. In order to be able to increase the number of qualified tribal Home Care Training providers, tribal providers who are certified and approved by the Center for Medicare and Medicaid Services are now allowed to provide these services.

ADHS/DBHS continues its work to expand and enhance its statewide network of providers and behavioral health services, home care training, detoxification, and peer and family support services. ADHS/DBHS will also continue its work to implement the Behavioral Health Higher Education Partnership and the Behavioral Health Practitioner Loan Repayment Program throughout FY 2008. (Goal 1, Criterion 2, Goal 1, Criterion 3, Goal 1, Criterion 4).

## CHILD SYSTEM, CRITERION 3

**Strengths and Weaknesses of the Service System**

Client Perception of Care: Results of the 2006 Youth Services Survey for Families also showed higher rates of consumer satisfaction compared to 2005 survey results. The domain with the highest satisfaction was Cultural Sensitivity at 94% and the lowest percentage of satisfaction was in the Outcomes domain at 62%. (Goal 1).

Decreased Criminal Justice Involvement: States are now required to develop goals and targets for this new National Outcome Measure (NOM). The Data Infrastructure Grant now collects data on individuals' involvement in the criminal justice system, and is reported on Table 19. This Table was designed to allow States, including Arizona, that have implemented the new consumer survey modules for criminal justice to report results by age and gender. As States are required to report on this NOM; ADHS/DBHS will use data gleaned from the URS Tables to establish a baseline for FY 2008, and track the trend over the three year grant cycle. (Goal 2).

Improved Level of Functioning: States are now required to develop goals and targets for this new National Outcome Measure (NOM). This NOM, "improved functioning," is currently in developmental status and as this measure is further defined by SAMHSA, States will receive updates to support their reporting efforts. However, as States are required to report on this NOM, ADHS/DBHS will use data gleaned from the URS Tables to establish a baseline for FY 2008, and track the trend over the three year grant cycle. (Goal 3).

**Analysis of Unmet Service Needs & Critical Gaps in Current System:**

Client Perception of Care: Results of the 2006 Youth Services Survey for Families also showed higher rates of consumer satisfaction compared to 2005 survey results. The domain with the highest satisfaction was Cultural Sensitivity at 94% and the lowest percentage of satisfaction was in the Outcomes domain at 62%. Note: Numbers and percentages for FY2006 are revised for the FY 2008 application. The numbers and percentages previously reported for these years were inadvertently pulled from the "General Satisfaction" rather than "Outcomes" domain. (Goal 1)

Decreased Criminal Justice Involvement: In order to assess youths' involvement in the juvenile justice system, ADHS/DBHS recently added questions to its statewide consumer survey. As in the past survey cycles, the surveys are primarily based on the Mental Health Statistics

Improvement Program (MHSIP)'s recommended Adult Consumer Survey and Youth Services Survey for Families. The use of the MHSIP surveys allows Arizona to continue to benchmark its performance with other states from across the nation, as an increasing number of states have adopted the MHSIP surveys. Juvenile detentions and juvenile corrections remain one of the greatest source of referrals to the behavioral health system among youth 13-18 years old. (Goal 2).

Improved Level of Functioning: In order to assess children and adolescents' functional levels, ADHS/DBHS added several questions to its statewide consumer survey. These are: 1) My child is better able to do things he or she wants to do; 2) My child is better at handling daily life; 3) My child gets along better with family members; 4) My child gets along better with friends and other people, and 5) My child is better able to cope when things go wrong. ADHS/DBHS continues to work with the T/RBHAs to improve data quality. (Goal 3).

**System Priorities & Plans to Address Unmet Needs:**

Client Perception of Care: Innovative changes initiated in the 2003 survey were continued in the 2006 administration of the statewide consumer survey. Further improvements were implemented, particularly in the areas of enhanced training strategies and materials to prepare RBHAs and providers for the survey process; enhanced promotional materials to inform consumers; and a modified sampling methodology to simplify the administration process. (Goal 1).

Decreased Criminal Justice Involvement: ADHS/DBHS will establish a baseline for FY 2008 regarding youth with serious emotional disturbance and their involvement in the criminal justice system and track the trends over the three year Block Grant cycle. The Data Infrastructure Grant and the Consumer Satisfaction Survey also capture individuals' involvement with the criminal justice system. ADHS/DBHS is a member of the Dually Adjudicated Committee, which is a Governor's Office initiative to address children involved with both DES/CPS and the juvenile justice system. (Goal 2).

Improved Level of Functioning: ADHS/DBHS will establish a baseline for FY 2008 regarding children with serious emotional disturbance and their reported level of functioning, and will track the trend over the three year Block Grant cycle. The Data Infrastructure Grant and the Consumer Satisfaction Survey capture this information. (Goal 3).

**Summary of Recent Significant Achievements:**

Client Perception of Care: Results of the 2006 Youth Services Survey for Families also showed higher rates of consumer satisfaction compared to 2005 survey results. The domain with the highest satisfaction was Cultural Sensitivity at 94% and the lowest percentage of satisfaction was in the Outcomes domain at 62%. (Goal 1).

Decreased Criminal Justice Involvement: As States are required to report on this NOM; ADHS/DBHS will use data gleaned from the URS Tables to establish a baseline for FY 2008, and track the trend over the three year grant cycle. (Goal 2).

Improved Level of Functioning: ADHS/DBHS will begin tracking this through the DIG URS Tables. The findings will serve as a baseline for FY 2008 and will be tracked for trends throughout the three year cycle of the Block Grant. (Goal 3).

## CHILD SYSTEM, CRITERION 4

**Strengths and Weaknesses of the Service System:**

Increased Stability in Housing: States are now required to develop goals and targets for this National Outcome Measure (NOM), which was previously an optional NOM. As a component of Arizona's system transformation, ADHS/DBHS staff worked with a team of experts and consultants to develop the "Meet Me Where I Am" campaign in FY 2007 and continues to be implemented. Activities include the expanded delivery of support and rehabilitative services designed to keep children in their homes and communities. A local support and rehabilitation expert was also hired to provide targeted training and coaching sessions to the T/RBHAs. (Goal 1).

**Analysis of Unmet Service Needs & Critical Gaps in Current System:**

Increased Stability in Housing: The ADHS/DBHS Annual Action Plan, a requirement of the J.K. settlement agreement, contains a key principle to place children in the most appropriate setting, which is the provision of services in child's home and community or most home-like residential setting). In addition, the children's system transformation is targeted to expanding the availability of intensive, in home services designed to keep children in their homes and communities. These initiatives were launched to reduce high utilization of RTC and inpatient settings for children, an area which continues to demand focus in the state. (Goal 1).

**System Priorities & Plans to Address Unmet Needs:**

Increased Stability in Housing: Ensuring family centered coordinated care is a primary goal of the J.K. settlement agreement and the children's system reform. A policy was developed requiring notification of all placements to ensure that all efforts have been made to keep children in Arizona. Over the past three years of the grant cycle, the number of children placed in out of state facilities was significantly reduced. However, the actual number of children placed in out of state treatment facilities increased by ADHS/DBHS' projections for FY 2006, due to closures of several residential treatment centers. The targeted number of children will remain at the original projection of 20.

ADHS/DBHS also works in conjunction with the T/RBHAs to develop alternatives to residential and inpatient settings. The goal is to retain children in more normalized homelike settings such as therapeutic foster care, in accordance with the children's system reform. (Goal 1).

**Summary of Recent Significant Achievements:**

Increased Stability in Housing: As a component of Arizona's system transformation, ADHS/DBHS staff worked with a team of experts and consultants to develop the "Meet Me Where I Am" campaign in FY 2006 and continues to be implemented. Activities include the expanded delivery of support and rehabilitative services designed to keep children in their homes and communities. (Goal 1).

**Description of the Comprehensive, Community-Based Public Mental Health System Envisioned for the Future: Arizona's Publicly Funded Adult and Child Behavioral Health System:**

Today's behavioral health system is consumer and recovery oriented. ADHS/DBHS continues to work to ensure that the components of today's system will continue to be refined for the future system and to ensure that is accessible in both urban and rural areas of the state. In order to accomplish this, ADHS/DBHS undertook a system of changes to increase efforts to support this type of service delivery model and:

- Increased provider flexibility to better meet individual/family needs;
- Eliminated barriers to services;
- Included support services provided by non-licensed individuals and agencies;
- Streamlined service codes;
- Maximized and increased the services provided in the Title XIX/XXI waiver package;
- Supported recovery methods for persons with a serious mental illness.

**Identification of the source of data, which was used to project critical service gaps and unmet needs:**

- Annual Regional Behavioral Health Authority Provider Network Evaluation and Sufficiency Report, FY 2006
- Jason K. Settlement Agreement/Action Plan, FY 2007
- Annual T/RBHA Administrative Reviews
- ADHS/DBHS Strategic Plan for Housing for Maricopa County for Individuals with a Serious Mental Illness, FY 2004
- ADHS/DBHS Strategic Plan, 2005 – 2009
- ADHS/DBHS and the Arizona State Hospital Annual Report, FY 2006
- Draft ADHS/DBHS Recovery Focused and Family Supported Plan-FY 2007
- ADHS/DBHS PowerPoint Presentation: Behavioral Health 2006: Honoring Our Past, Shaping Our Future. (Presented at Summer Institute 2006)-FY 2007
- ADHS/DBHS PowerPoint Presentation: Behavioral Health at a Glance-FY 2006

# SECTION III
# CURRENT ACTIVITIES, GOALS, TARGETS & ACTION PLANS

## Adult Plan

**Criterion 1: Comprehensive Community Based Mental Health Service System**

- Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.
- Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:
  - ✓ Health, mental health, and rehabilitation services;
  - ✓ Employment services;
  - ✓ Housing services;
  - ✓ Educational services;
  - ✓ Substance abuse services;
  - ✓ Medical and dental services;
  - ✓ Support services;
  - ✓ Services provided by local school systems under the Individuals with Disabilities Education Act;
  - ✓ Case management services;
  - ✓ Services for persons with co-occurring (substance abuse/mental health) disorders; and
  - ✓ Other activities leading to reduction of hospitalization.

Describes mental health transformation efforts and activities in the State in Criterion 1, providing reference to specific goals of the NFC Report to which they relate.

**Narrative**

**Structure**

The organizational structure for Arizona's system of care is divided into six geographical regions (GSAs), designed to promote a service system that is responsible to and reflective of the unique needs of a specific area of the state and its population. The direct local administration of the system is accomplished by nonprofit and for profit organizations known as Regional Behavioral Health Authorities (RBHAs). The RBHAs are awarded contracts based on responses to a Request for Proposal (RFP) by the State, and are three years in duration, with an option to extend two years. In addition, three Arizona Indian Tribes contract with the State for behavioral health services: Pascua-Yaqui Tribe, Gila River Indian Community, and the White Mountain Apache Tribe, who will become a TRBHA in October 2007. The Navajo Nation was a TRBHA but continues to operate as a case management provider. In addition, the Colorado River Indian Tribe contracts only for the provision of Subvention (state-only) funding.

**Health, Mental Health and Rehabilitation Services:** ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains:

1. **Treatment services**
   - Behavioral Health Counseling and Therapy
   - Assessment, Evaluation and Screening Services
   - Other Professional

2. **Rehabilitation Services**
   - Skills Training and Development
   - Psychosocial Rehabilitation Living Skills Training
   - Cognitive Rehabilitation
   - Health Promotion (Behavioral Health Prevention/Promotion Education and Medication Training)
   - Psychoeducational Services & Ongoing Support to Maintain Employment

3. **Medical Services**
   - Medication Services
   - Laboratory, Radiology and Medical Imaging
   - Medical Management
   - Electro-Convulsive Therapy

4. **Support Services**
   - Case Management
   - Personal Care Services
   - Home Care Training (Family Support)
   - Self Help/Peer Services (Peer Support)
   - Therapeutic Foster Care Services
   - Home Care Training to Home Care Client
   - Unskilled Respite Care
   - Supported Housing
   - Sign Language or Oral Interpretive Services
   - Non-Medically Necessary Covered Services
   - Transportation

5. **Crisis Intervention Services**
   - Crisis Intervention Services (Mobile)
   - Crisis Intervention Services (Stabilization)
   - Crisis Intervention (Telephone)

6. **Inpatient Services**
   - Hospital
   - Sub-acute Facility
   - Residential Treatment Center

**7. Residential Services**

- Behavioral Health Short-Term Residential (Level II), Without Room & Board
- Behavioral Health Long-Term Residential (Non-medical, Non-acute) Without Room and Board (Level III)
- Mental Health Services No Other Symptoms (NOS), Room & Board

**8. Behavioral Health Day Programs**

- Supervised Behavioral Health Treatment & Day Programs
- Therapeutic Behavioral Health Services & Day Programs
- Community Psychiatric Supportive Treatment & Medical Day Programs

**9. Prevention Services**

- Early Intervention
- Training
- Public Information
- Parent/Family Education
- Community Mobilization
- Life Skills Development
- Mentorship
- Peer Leadership
- HIV Client Assistance Services

**Rehabilitation Services:** Rehabilitation services include the provision of education, coaching, training, demonstration and other services including securing and maintaining employment to prevent anticipated functional deficits.

**Employment and Education Services:** ADHS/DBHS continues to partner with the Department of Economic Security, Vocational Rehabilitation Services Administration (DES/RSA) to provide adults with SMI vocational rehabilitation opportunities. ADHS/DBHS also continues to implement the Intergovernmental Agreement (IGA) with DES/RSA. The IGA ensures customization of vocational rehabilitation services for individuals enrolled in the public behavioral health system. The most recent IGA was executed in February 2007. ADHS/DBHS contributes 21.3% of the annual RSA budget in non-Federal funds as matching Federal basic support grant dollars, which was $1,840,914 for FY 2007. ADHS/DBHS also created and filled a new staff position dedicated to the coordination of employment and rehabilitation services statewide and the implementation of the IGA.

**Housing Services:** ADHS/DBHS developed a "Strategic Plan for Housing in Maricopa County for Individuals with Mental Illness" in FY 2004. The Plan identified a variety of initiatives used to expand both federal and state funded affordable housing units. The ADHS/DBHS Statewide Housing Coordinator restructured the State's mental health housing program and developed additional housing programs to assist people who are discharged from the Arizona State Hospital, unlicensed board and care facilities and those released from jail. The programs include a Property Acquisition Program and a Move In/Eviction Prevention Program to provide safe, decent and affordable housing from consumers and prevent them from becoming homeless. These programs are funded with State General Funds.

In February 2007, the Arizona Department of Housing (ADOH) and the Pima County/City of Tucson continuum received notice that they were awarded renewal funding and three bonus Samaritan Initiatives (one bonus award per continuum for a new permanent housing program serving chronically homeless served by the public behavioral health system) from the 2006 HUD Super Notice of Funding Availability (NOFA). Arizona is divided into three continuums of care: Pima County/City of Tucson, Maricopa County, and the balance of the state rural continuum. Through HUD funding, Arizona received more than $28 million for projects serving the homeless, including the chronically homeless and adults with serious mental illness. All renewal projects were granted funding, and the only new funding was for the three Samaritan Initiative programs. Throughout the state, there are six Shelter Plus Care programs that provide permanent housing for chronically homeless individuals and families, as well as more than 35 Supported Housing programs which provide housing for people with a serious mental illness. Funded projects were for rural and urban areas of the state. In June 2007, the three continuums submitted a Super NOFA for funding for FY 2008.

**Substance Abuse Services:** Through the T/RBHA contracts, ADHS/DBHS supports a full continuum of substance abuse outpatient, residential, and sub-acute detoxification services, including specialized services for opiate-dependent adults, intensive settings for severe co-occurring disorder, peer support, and services for substance affected mothers and their children. Historically, approximately 75% of all substance abuse services for adults and children are funded through the Medicaid program in behavioral health. In addition, the Center for Substance Abuse Treatment's Block Grant provided over $31 million in FY 2007 to fund drug and alcohol treatment as well as prevention services. These block grant dollars significantly aid in bolstering state appropriated funds for substance abuse treatment and prevention programs.

**Medical and Dental Services:** A full range of dental services are provided to Title XIX eligible adults with SMI who are 18 years of age to 21 years of age, under the Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program. Dental services are provided on an emergency basis only for adults with SMI who are 21 years and older through the Title XIX program. However, only informal linkages exist for adults in need of non-emergency dental care. The RBHAs do not provide financial support for dental care. In addition, the State Medicaid Agency, AHCCCS, recently added a $1,000 benefit for dental services for all enrolled Title XIX/XXI SMI adults.

**Support Services:** Support services are provided to facilitate the delivery of or enhance the benefits received from other behavioral health services. Support services are grouped into the following categories: Case management; personal care services; home care training; family services (family support); self-help/peer services (peer support); therapeutic foster care services; unskilled respite care; supported housing; sign language or oral interpretive services; non-medically necessary covered services (flex fund services), and transportation.

**Case Management Services:** Case management is a supportive service provided to enhance treatment goals and effectiveness. Activities may include: assistance in maintaining, monitoring and modifying covered services; face-to-face interactions for the purpose of maintaining or enhancing a person's functioning; coordination of care activities related to continuity between

levels of care; outreach and follow-up of crisis contacts and missed appointments; and participation in staffings, case conferences or other meetings.

**Services for Persons with Co-Occurring Disorders**: ADHS/DBHS continues its efforts to integrate the substance abuse and the mental health fields to treat individuals with co-occurring disorders effectively. A Practice Improvement Protocol (PIP) for co-occurring psychiatric and substance abuse disorders was developed in 2002. The PIP was developed based on evidence and consensus based best practice models for treating co-occurring disorders. PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services.

**Activities to reduce hospitalization:** Arizona has implemented Assertive Community Teams (ACT) in three counties. The ACT Team concept originated in the Midwest to provide very intensive services to adults with SMI, with the goal to provide services and decrease the costs associated with care, such as inpatient stays. There are currently nineteen (19) ACT Teams in Maricopa County, and ACT Teams are active in Pinal, Pima and Coconino counties.

There has been an expansion of provider agencies promoting recovery. Training is offered by the RBHAs and provider agencies on the recovery concept, including the "Wellness Recovery Action Plan" (WRAP). This was developed by Mary Ellen Copeland, author of "The Depression Workbook", and "Living without Depression and Manic Depression". WRAP is a self help method for individuals to identify simple things which one can do to manage emotional or physical symptoms to maintain one's well being. Consumers conduct this training in the behavioral health system.

In addition, the "Sourcebook for Families Coping with Mental Illness" was developed by the Community Partnership of Southern Arizona (CPSA), to assist individuals in navigating the publicly funded behavioral health system, asking the right questions, and seeking support. It is written to be user-friendly in providing information about mental illness, treatments and services.

**Other support services from public and private resources provided to assist individuals to function outside of institutions:**

A provider category called "Community Service Agencies" was implemented in FY 2002 to provide a wide variety of services designed to assist adults with SMI to function outside of institutional settings. These agencies provide services in the community setting used by the general population, and provide more flexibility in delivering services.

Effective April 2003, habilitation agencies provide Title XIX reimbursable living skills training and family support services. Habilitation providers are home and community based agencies certified through the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DDD) and registered with AHCCCS, the State Medicaid agency.

**Resources available:** The current fiscal basis for funding the system of services includes monies appropriated by the Arizona Legislature, as well as federal Title XIX and Title XXI dollars for behavioral health services to eligible populations. Title XIX and Title XXI provides

funding for covered services to eligible persons and is passed through the state's Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. Arizona also receives federal substance abuse and mental health block grants to provide community treatment.

ADHS/DBHS is responsible for administering publicly funded mental health and substance abuse treatment services. Services are available to the following adult populations:

- Adults with a serious mental illness;
- Adults in need of treatment for a substance abuse disorder;
- Adults with co-occurring disorders (substance abuse and mental illness);
- Adults who do not have a serious mental illness, but are in need of treatment for a behavioral health disorder.

38,843 adults with a serious mental illness were provided services in FY 2007.

**Evidence-Based Practices (EBPs):**

The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system.

**State Mental Health Transformation Efforts and Activities in the State and Corresponding NFC Goal:**

NFC Goal 2: Mental health care is consumer and family driven; Objective 2.2: Involve consumers and families fully in orienting the mental health system toward recovery.

Arizona Activities: In FY 2006 ADHS/DBHS let a RFP for agencies to recruit and train behavioral health recipients and family members to participate in ADHS/DBHS activities including committees, mystery shopping, satisfaction surveys, review of data and feedback on proposed initiatives. Contracts were awarded in FY 2007.

This Family/Advocacy RFP was awarded to six family and consumer organizations in FY 2007. The RFP was designed to enhance involvement of behavioral health recipients, family members and grassroots organizations in the direct oversight of the behavioral health system. Service contracts included:

- Services to promote individual/family involvement in policy and system oversight, including the ADHS/DBHS Quality Management and Policy Committees, as well as Mystery Shopper activities;
- Peer and family Support and Information programs on statewide basis;
- Establishment of a Latino Family Involvement Center in Phoenix and Yuma;
- Substance Abuse Peer Recovery Training programs;
- ADHS/DBHS Stigma Reduction Committee (activities further detailed below);
- Services to support behavioral health recipients/family participation in local and national conferences and workshops, and
- Annual Depression Screening events.

NFC Goal 2: Mental health care is consumer and family driven; Objective 2.5: Protect and enhance the rights of people with mental illnesses.

Arizona Activities: ADHS/DBHS has fully implemented the federal grievance system requirements that provide due process to behavioral health recipients who are eligible for Medicaid services with respect to complaints; written notices to behavioral health recipients; appeals; and requests for State Fair hearings. The T/RBHAs are monitored on a quarterly basis to ensure sustained compliance and to provide technical assistance if needed.

ADHS/DBHS also implemented the statutory expansion of the oversight responsibilities of the regional Human Rights Committees. The responsibility of these Committees is to provide independent oversight and monitoring; responsibility was expanded statutorily to include the non-Medicaid, non-SMI populations. ADHS/DBHS policies regarding the Committees were also modified to reflect the changes.

**Mental Health Transformation Performance Indicator, Adult Plan:** This performance indicator is identified as Goal 10, Target 1 under this Criterion.

**Criterion 1:** **Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Increase/Retained Employment**

**Goal 1:** To provide vocational services to persons with serious mental illnesses (SMI) and receiving behavioral health services from ADHS/DBHS.

**Target 1:** Provide an annual profile of all of adults with SMI who are employed-with or without support, and increase the number of employed adults by 1% each year.

**Population:** Adults with a Serious Mental Illness (SMI)

**Indicator:** Percentage of adults with SMI who are employed

**Measure:** Numerator: # of adults with SMI who are employed during the fiscal year.
Denominator: # of adults with SMI who receive services from ADHS/DBHS during the fiscal year.
FY 2008 Target: 18% FY 2009 Target: 19%
FY 2010 Target: 20%

**Source of Information:** Client Information System (CIS)

**Special Issues:** ***Note:** Although the percentage rate increased 2% over the State estimate for FY 2006 (estimate was 15%), it remained at the same rate for FY 2007, despite an increase in the number of adults with SMI who are employed.

**Significance:** While the number of adults with SMI employed increased from FY 2006, the overall number of adults with SMI enrolled in the system were larger than projected.

**Action Plan:** ADHS/DBHS will continue to track this NOM and continue to project a 1% increase per year over the three year grant cycle.

**Performance Indicator Table - Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increase in Employment** | 14% | 17%* | 17%* | 18% | 19% | 20% |
| **Numerator** | 5,205 | 6,439 | 6,622 | - | - | - |
| **Denominator** | 36,974 | 38,848 | 38,843 | - | - | - |

**Criterion 1:** **Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Use of Evidence-Based Practices**

**Goal 2:** Develop, train, and implement effective Evidence-Based Practices (EBPs) for treatment of adults with serious mental illness.

**Target 1:** Increase the number of adults receiving EBPs by 2% each year as well as the number of EBPs implemented in the state for adults with serious mental illness.

**Population:** Adults with SMI.

**Indicator:** Delivery of Evidence-Based Practices to Adults with SMI

**Measure:** Number of Adults with SMI Receiving EBPs; Types of EBPs Provided

| | FY 2008: | FY 2009: | FY 2010: |
|---|---|---|---|
| Supported Housing: | 6,773 | 6,908 | 7,046 |

**Source of Information:** DIG URS Data Tables-Table 16

**Special Issues:** **Note:** This goal/target was revised based on peer review recommendations in November 2005 for the FY 2006 – 2007 Mental Health Block Grant Plan.

**Significance:** Implementation of evidence-based practices is a priority of the Center for Mental Health Services and the President's New Freedom Commission Report on Mental Health. Although Arizona endorses the use of several EBPs for adults with SMI, its current data system has the capacity to only collect two EBPs at this time, as reported in the DIG II URS Tables.

**Action Plan:** ADHS/DBHS will continue to track the number of adults with SMI receiving EBPs as it is a CMHS mandate and will continue to project an increase over the three year grant cycle.

**Performance Indicator Table –Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: # Adults Served, Supported Housing** | 6,433 | 6,970 | 6,693 | 6,773 | 6,908 | 7,046 |

**Criterion 1:** **Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Use of Evidence-Based Practices**

**Goalc 3:** Develop, train, and implement effective Evidence-Based Practices (EBPs) for treatment of adults with serious mental illness.

**Target 1:** Increase the number of adults receiving EBPs by 2% each year as well as the number of EBPs implemented in the state for adults with serious mental illness.

**Population:** Adults with SMI.

**Indicator:** Delivery of Evidence-Based Practices to Adults with SMI

**Measure:** Number of Adults with SMI Receiving EBPs; Types of EBPs Provided

| | FY 2008: | FY 2009: | FY 2010: |
|---|---|---|---|
| Supported Employment: | 1,786 | 1,822 | 1,858 |

**Source of Information:** DIG URS Data Tables-Table 16

**Special Issues:** **Note:** This goal/target was revised based on peer review recommendations in November 2005 for the FY 2006 – 2007 Mental Health Block Grant Plan.

**Significance:** Implementation of evidence-based practices is a priority of the Center for Mental Health Services and the President's New Freedom Commission Report on Mental Health. Although Arizona endorses the use of several EBPs for adults with SMI, its current data system has the capacity to only collect two EBPs at this time, as reported in the DIG II URS Tables.

**Action Plan:** ADHS/DBHS will continue to track the number of adults with SMI receiving EBPs as it is a CMHS mandate and will continue to project an increase over the three year grant cycle.

**Performance Indicator Table –Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: # Adults Served, Supported Employment** | 1,230 | 1,741 | 1,751 | 1,786 | 1,822 | 1,858 |

**Criterion 1:** **Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Client Perception of Care**

**Goal 4:** Administer Annual Statewide Consumer Survey to measure adult client's perception of care.

**Target 1:** To increase the percentage of adult SMI survey respondents with positive perception about outcome at a minimum of 2% per year over the three year cycle of the grant.

**Population:** Adults with SMI who are receiving community based services

**Indicator:** Perception of Care

**Measure:** Percentage of adult SMI clients reporting positively about outcomes
FY 2008 Projected: 72% FY 2009 Target: 74% FY 2010 Target: 76%

**Source of Information:** Statewide MHSIP Adult Survey

**Special Issues:** ***Note:** As of FY 2005, ADHS/DBHS is conducting the Statewide Consumer Survey on an annual rather than a bi-annual basis. Also, the final figures for the State Consumer Satisfaction Survey were not available at the time of the Plan's development. Preliminary numbers were provided to respond to this goal; final figures are estimated to be completed by October 2007.

**Significance:** The administration of consumer surveys is an important way to solicit feedback from enrolled persons regarding the performance of the public behavioral health system.

**Action Plan:** ADHS/DBHS will continue to track consumer perception of care and continue to project an increase over the three year grant cycle. Collection of this information is also mandated by CMHS.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Client Perception of Care** | 67% | 70% | 70%* | 72% | 74% | 76% |
| **Numerator** | 926 | 1,050 | 1,050* | - | - | - |
| **Denominator** | 1,385 | 1,500 | 1,500* | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds**

**Goal 5:** Maintain at the least possible rate the re-admission of adults with serious mental illness to the Arizona State Hospital

**Target 1:** Maintain or reduce the 2003 rate of re-admission (2%) within 30 days to the Arizona State Hospital over the three-year grant cycle.

**Population:** Adults with Serious Mental Illness

**Indicator:** Percentage of adults with SMI re-admitted to the State Hospital within 30 days.

**Measure:** FY 2008 Target: 2% FY 2009 Target: 2% FY 2010 Target: 2%

**Source of Information:** Arizona State Hospital Data System

**Special Issues:** The Arizona State Hospital Discharge Fund was established in June 2006, which provides for the immediate needs of children and adults leaving the Hospital, until other benefits become activated.

**Significance:** Arizona's community-based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long-term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow immediate linkage to community services within 7 days of discharge.

**Action Plan:** Based on past performance, ADHS/DBHS will continue to project a 2% rate for this goal. Collection of this data is also mandated by CMHS.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds** | 1% | 1% | 2% | 2% | 2% | 2% |
| **Numerator** | 1 | 1 | 3 | - | - | - |
| **Denominator** | 92 | 121 | 122 | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds**

**Goal 6:** Establish a baseline percentage of the 180-day re-admission rate to the Arizona State Hospital for adults with a serious mental illness.

**Target 1:** Decrease the 2003 rate of re-admission rate within 180 days to the Arizona State Hospital by 1% each year over the three-year grant cycle.

**Population:** Adults with Serious Mental Illness

**Indicator:** Percentage of adults with SMI re-admitted to the State Hospital within 180 days.

**Measure:** FY 2008 Target: 8% FY 2006 Target: 7% FY 2010 Target: 6%

**Source of Information:** Arizona State Hospital Data System

**Special Issues:** The Arizona State Hospital Discharge Fund was established in June 2006, which provides for the immediate needs of children and adults leaving the Hospital, until other benefits become activated.

**Significance:** Arizona's community-based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long-term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow immediate linkage to community services within 7 days of discharge.

**Action Plan:** *Note: ADHS/DBHS will continue to maintain its original estimate of a 1% decrease based on the 2003 baseline (13%) for FY 2008-2010, although the actual percentage rate for FYs 2005-2007 were lower than projected, based on consensus of the Planning Council and ADHS/DBHS during the annual Block Grant review process.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds** | 2% | 4% | 6%* | 8%* | 7%* | 6%* |
| **Numerator** | 2 | 5 | 7 | - | - | - |
| **Denominator** | 92 | 121 | 122 | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure: Decreased Criminal Justice Involvement**

**Goal 7:** Measure the percentage of adults with SMI involved in the criminal justice system as compared to the total number of adults with SMI enrolled in the ADHS/DBHS behavioral health system.

**Target 1:** Track the number of adults with SMI involved in the criminal justice system and project a 1.5% or less (based on trends) rate of adults with SMI reporting involvement throughout the three year cycle of the grant..

**Population:** Adults with Serious Mental Illness

**Indicator:** Decreased Criminal Justice Involvement

**Measure:** Numerator: Total # of adults with SMI reporting involvement
Denominator: Total # of adults with SMI enrolled in the ADHS/DBHS behavioral health system
FY 2008: 1.5% FY 2009 Target: 1.5% FY 2010 Target: 1.5%

**Source of Information:** ADHS/DBHS Client Information System (CIS)

**Special Issues:** None.

**Significance:** All States and Territories must report on several new National Outcome Measures, including profiling client involvement in the criminal justice system.

**Action Plan:** Arizona will track the numbers ofadults with serious mental illness throughout the three year cycle of the grant.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Decreased Criminal Justice Involvement** | 1.3% | 1.2% | 1.3% | 1.5% | 1.5% or less | 1.5% or less |
| **Numerator** | 470 | 468 | 468 | - | - | - |
| **Denominator** | 37,312 | 38,848 | 38,843 | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure: Improved Level of Functioning**

**Goal 8:** Measure the percentage of adults with serious mental illness reporting improved level of functioning as compared to the total number of adults with serious mental illness enrolled in the ADHS/DBHS behavioral health system.

**Target 1:** Track the number of adults with serious mental illness reporting improved level of functioning via the annual Consumer Satisfaction Survey and establish a baseline for FY 2008.

**Population:** Adults with a Serious Mental Illness

**Indicator:** Improved Level of Functioning

**Measure:** Numerator: Total # of adults with SMI responding positively to annual Consumer Satisfaction Survey
Denominator: Total # of adults with SMI enrolled in the ADHS/DBHS behavioral health system
FY 2008 Target: Baseline FY 2009 Target: To be established
FY 2010 Target: To be established

**Source of Information:** Annual Consumer Satisfaction Survey

**Special Issues:** As this is a new requirement for the FY 2008 Block Grant application, ADHS/DBHS will need to establish a baseline and then track the trend over the grant cycle.

**Significance:** All States and Territories must report on several new National Outcome Measures, including tracking improved functional improvement for adults with a serious mental illness

**Action Plan:** Arizona will establish a baseline for FY 2008 based on the results of the annual Consumer Satisfaction Survey and track the numbers of adults with SMI throughout the three year cycle of the grant.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Improved Level of Functioning** | N/A | N/A | N/A | Baseline | To be established | To be established |
| **Numerator** | N/A | N/A | N/A | - | - | - |
| **Denominator** | N/A | N/A | N/A | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure: Increased Social Supports/Social Connectedness**

**Goal 9:** Track the number of adults with serious mental illness reporting positively regarding social supports and social connectedness.

**Target 1:** Identify the percentage of adults with SMI annually based on results of the Consumer Satisfaction Survey and track the trend over the three year cycle of the grant.

**Population:** Adults with a Serious Mental Illness

**Indicator:** Increased Social Supports/Social Connectedness

**Measure:**
Numerator: Total # of adults with SMI responding positively to annual Consumer Satisfaction Survey
Denominator: Total # of adults with SMI enrolled in the ADHS/DBHS behavioral health system
FY 2008 Target: Baseline FY 2009 Target: To be established
FY 2010 Target: To be established

**Source of Information:** Annual Consumer Satisfaction Survey

**Special Issues:** As this is a new requirement for the FY 2008 Block Grant application, ADHS/DBHS will need to establish a baseline and then track the trend over the grant cycle.

**Significance:** All States and Territories must report on several new National Outcome Measures, including tracking the level of social supports and social connectedness for adults with a serious mental illness.

**Action Plan:** Arizona will establish a baseline for FY 2008 based on the results of the annual Consumer Satisfaction Survey and track the numbers of adults with SMI throughout the three year cycle of the grant.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increased Social Supports, Social Connectedness** | N/A | N/A | N/A | Baseline | To be established | To be established |
| **Numerator** | N/A | N/A | N/A | - | - | - |
| **Denominator** | N/A | N/A | N/A | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**Mental Health Transformation Performance Indicator, Adult Plan:** Support for **consumer- and family-operated programs**, including Statewide consumer networks.

**Goal 10:** Continue to fund and expand the availability of peer and family support services throughout Arizona.

**Target 1:** Track the amount of funding per year and number of consumer operated Community Service Agencies (CSAs) throughout the state.

**Population:** Adults with Serious Mental Illness

**Indicator:** State Support for Consumer and Family-Operated Programs

**Measure:** The amount of funding per Fiscal Year & Number of CSAs
FY 2008: Funding Baseline/# of CSAs Baseline
FY 2009: Baseline + increase (to be established)
FY 2010: To be established based on FY 2008/2008 results

**Source of Information:** Annual RBHA Network Sufficiency Report

**Special Issues:** This is a new requirement for FY 2008; a baseline will be established and trends tracked over the three year grant cycle.

**Significance:** The transformation of the public behavioral health system to Recovery must ensure the full participation of consumers and family members at all levels of the system and is the core of a consumer-centered, recovery-oriented behavioral health system.

**Action Plan:** ADHS/DBHS will continue to support consumer and family operated programs through funding, technical support and training to be provided throughout the state. In FY 2007 over 25 trainings were conducted regarding peer support services for individuals with substance use and co-occurring disorders.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Support for Consumer & Family-Operated Programs** | N/A | N/A | N/A | Baseline | To be established | To be established |
| **Amount of Funding** | N/A | N/A | N/A | - | - | - |
| **Number of CSAs** | N/A | N/A | N/A | - | - | - |

## Criterion 2: Mental Health System Data Epidemiology

- The Plan provides an estimate of the incidence and prevalence in the State of Serious Mental Illness among adults.
- The Plan has quantitative targets to be achieved in the implementation of the system of care.

Describes mental health transformation efforts and activities in the State in Criterion 2, providing reference to specific goal(s) of the NFC Report to which they relate.

**Narrative**

State Definition of Adults with SMI
Arizona's definition for Adults with a Serious Mental Illness is as follows:

Persons with a serious mental illness are defined as those adult persons whose emotional or behavioral functioning is so impaired as to interfere with their capacity to remain in the community without supportive treatment. The mental impairment is severe and persistent and may result in a limitation of their functional capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment, or recreation. The mental impairment may limit their ability to seek or receive local, state or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance and food stamps, or protective services. Although persons with primary diagnoses of mental retardation, head injuries or Alzheimer's Disease have similar problems or limitations, they are not to be included in this definition.

Although the State definition of SMI falls within the criteria set forth in the federal definition, it differs from the federal definition because a number of diagnoses federally classified as SMI are served in Arizona's Long Term Care System (ALTCS), rather than through ADHS/DBHS, and the State has a much stricter operational definition of functional impairment. The state definition of SMI is more consistent with the definition of Serious, Persistent Mental Illness (SPMI). Arizona uses the federal prevalence estimate for Serious, Persistent Mental Illness (SPMI) of 2.6% to establish the state's prevalence rate for SMI.

ADHS/DBHS provided services to 38,843 adults with a serious mental illness in FY 2007. Based on the increase of the FY 2007 census figure and the FY 2007 penetration rate, the projected number of adults with serious mental illness to be served in FY 2008 is 39,620.

**State Mental Health Transformation Efforts and Activities in the State and Corresponding NFC Goal:**
NFC Goal 3: Disparities in mental health are eliminated. Objective 3.1: Improve access to quality care that is culturally competent.
Arizona Activities: ADHS/DBHS conducted a self-assessment of cultural competency activities using the National Association of State Mental Health Program Directors (NASMHPD) Tool. Results from the self-assessment were incorporated into the Division's annual Cultural Competency Plan. The Division's Cultural Competency Committee also meet monthly to implement the Plan. The Committee, in conjunction with consultants from the Centers for

Substance Abuse Treatment (CSAT), developed two types of cultural competency training. The first training addressed the application of an organizational assessment tool within behavioral health agencies and the second training addressed the integration of culturally competent services into daily clinical practice.

Also, the ADHS/DBHS Data Subcommittee created a Language Capacity Reporting form, which is completed by the T/RBHAs annually. The form is used to collect data on bilingual capacity for top four most prevalent languages within the region, including American Sign Language. Data is reported for all levels of behavioral health professionals, physicians, technicians and paraprofessional staff in the T/RBHA systems.

NFC Goal 3: Disparities in mental health are eliminated. Objective 3.2: Improve access to quality care in rural and geographically remote areas.
Arizona Activities: ADHS/DBHS conducted its annual RBHA Network Sufficiency Analysis in late FY 2006 and early FY 2007, which included a focus on telemedicine capability and access to care in rural regions of the state. The transportation infrastructure within each regional area was also targeted, to ensure adequate access to transportation services for enrolled behavioral health recipients and their families. The Network Operations Unit within the Bureau for Clinical and Recovery Services was created to conduct ongoing monitoring of network sufficiency, including changes due to provider closures or contract changes.

The Behavioral Health Practitioner Loan Repayment Program (Senate Bill 1129) was passed in FY 2006, which establishes a tuition loan reimbursement program for behavioral health professionals and behavioral health technician staff who agree to serve for two years in an Arizona Mental Health Professional Shortage Area. ADHS/DBHS worked throughout FY 2007 and will continue in FY 2008 to develop a rules package to implement this statute.

The penetration and prevalence rates for FY 2007 follows, as well as the number of adults with SMI served in FY 2007.

**FY 2007 Prevalence and Penetration Rates**

| Arizona Population of Adults over the Age of 18 | SMI Prevalence Rate of 2.6% applied to the general population of Arizona | Number of SMI Served in FY 2007 | Penetration Rate |
|---|---|---|---|
| FY 2007: 4,571,896 | 118,869 | 38,843 | 32.7% |

**Adults with Serious Mental Illness Served in FY 2007**

| RACE | WHITE | AFRICAN AMERICAN | AMERICAN INDIAN | ASIAN | PACIFIC ISLANDER | MULTI-RACIAL | UNKNOWN |
|---|---|---|---|---|---|---|---|
| **ValueOptions** | 18,752 | 2,502 | 299 | 427 | 22 | 37 | 0 |
| **NARBHA** | 4,399 | 53 | 137 | 10 | 3 | 62 | 0 |
| **Cenpatico-GSA 2** | 974 | 34 | 43 | 3 | 2 | 17 | 0 |
| **Cenpatico-GSA 4** | 1,223 | 238 | 26 | 4 | 1 | 19 | 0 |
| **CPSA-GSA 3** | 1,059 | 34 | 17 | 4 | 4 | 20 | 0 |
| **CPSA-GSA 5** | 7,444 | 471 | 162 | 75 | 25 | 71 | 1 |
| **Gila River** | 0 | 0 | 41 | 0 | 0 | 0 | 0 |
| **Pascua Yaqui** | 0 | 0 | 13 | 0 | 0 | 0 | 0 |
| **Navajo Nation** | 0 | 0 | 115 | 0 | 0 | 0 | 0 |
| **TOTAL:** | **33,851** | **3,332** | **853** | **523** | **57** | **226** | **1** |
| **GRAND TOTAL:** | **38,843** | | | | | | |
| **ETHNICITY** | | | | | | | |
| **RBHA** | **HISPANIC** | **NON-HISPANIC** | **UNKNOWN** | | | | |
| **ValueOptions** | 2,898 | 19,141 | 0 | | | | |
| **NARBHA** | 311 | 4,353 | 0 | | | | |
| **Cenpatico-GSA 2** | 335 | 738 | 0 | | | | |
| **Cenpatico-GSA 4** | 371 | 1,140 | 0 | | | | |
| **CPSA-GSA 3** | 352 | 786 | 0 | | | | |
| **CPSA-GSA 5** | 1,488 | 6,760 | 1 | | | | |
| **Gila River** | 0 | 41 | 0 | | | | |
| **Pascua Yaqui** | 0 | 13 | 0 | | | | |
| **Navajo Nation** | 0 | 115 | 0 | | | | |
| **TOTAL:** | **5,755** | **33,087** | 1 | | | | |

**Criterion 2:** **Mental Health System Data Epidemiology**

**National Outcome Measure (NOM): Increased Access to Services**

**Goal 1:** To increase access to behavioral health services for persons diagnosed with serious mental illness.

**Target 1:** Increase the percentage of adults with SMI enrolled in the system by 1% each year over the three year grant cycle.

**Population:** Adults with a Serious Mental Illness (SMI)

**Indicator:** Increased Access to Services

**Measure:** Enrolled adults with SMI in the behavioral health system
Numerator: # of adults with SMI who received behavioral health care services during the fiscal year.
Denominator: estimated total # of adults with SMI in the state general population.
FY 2008 Target: 34% FY 2009 Target: 35% FY 2010 Target: 36%

**Source of Information:** Data Infrastructure Grant URS Tables

**Special Issues:** ***Note:** Although the percentage rate increased over the original projections of FY 2006 @ 30% and FY 2007 @ 31%, ADHS/DBHS will base its projections for FY 2008 – 2010 on the FY 2007 percentage rate.

**Significance:** Ensuring access to and appropriate behavioral health services for persons with SMI is a primary goal of the Mental Health Services Block Grant, and is essential to providing comprehensive care.

**Action Plan:** ADHS/DBHS will begin to collect data regarding this NOM as it is mandated by CMHS. ADHS/DBHS will base its projections for FY 2008 – 2010 on the FY 2007 percentage rate.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increased access to services** | 33%* | 34%* | 33%* | 34%* | 35%* | 36%* |
| **Numerator** | 36,974* | 38,848 | 38,843 | - | - | - |
| **Denominator** | 113,330* | 115,743 | 118,869 | - | - | - |

## Criterion 4: Targeted Services to Rural and Homeless Populations

- Describes the State's outreach to and services for individuals who are homeless;
- Describes how community-based services will be provided to individuals in rural areas.
- Describes how community-based services are provided to older adults.

Describes mental health transformation efforts and activities in the State in Criterion 4, providing reference to specific goal(s) of the NFC Report to which they relate.

**Narrative**

Adults with SMI constitute a significant portion of the homeless population in Arizona. This population's history includes a repeated high incidence of homelessness and the highest degree of vulnerability of any homeless population group. Serious mental illness is in many cases a lifelong medical condition where many members of this group are unable to maintain employment to achieve self-sufficiency, and are in need of permanent supportive housing.

Adults with SMI are the most impoverished in the nation and the lack of decent, safe, affordable housing is one of the greatest barriers they face. Most adults with SMI live on federal Supplemental Security Income (SSI), a monthly federal benefit based on eligibility.

Residential stability in independent living situations is a key factor in reducing and/or eliminating homelessness for this population and in achieving long-term control over their mental illness. The Arizona Department of Housing (ADOH) was created in FY 2003. Previous to this, the Department of Commerce was responsible for housing. ADOH has staff dedicated to developing affordable housing programs for people with disabilities, and ADHS/DBHS participates in the statewide planning process for affordable housing.

ADHS/DBHS developed a "Strategic Plan for Housing in Maricopa County for Individuals with Mental Illness" in FY 2004. The Plan identified a variety of initiatives used to expand both federal and state funded affordable housing units. The ADHS/DBHS Statewide Housing Coordinator restructured the State's mental health housing program and developed additional housing programs to assist people who are discharged from the Arizona State Hospital, unlicensed board and care facilities and those released from jail. The programs include a Property Acquisition Program and a Move In/Eviction Prevention Program to provide safe, decent and affordable housing from consumers and prevent them from becoming homeless. These programs are funded with State General Funds.

**Community Based Services to Older Adults:** ADHS/DBHS funds several prevention programs targeting older adults and are located throughout the state in both urban and rural areas. ADHS/DBHS recently developed a Practice Improvement Protocol (which was not yet available at the time of writing) and training will be conducted in FY 2008 regarding the PIP.

In addition, many provider agencies across the state provide these services, including the following:

- West Yavapai Guidance Clinic, serving the rural county of western Yavapai, operates an in-home life skills development program.

- The Pinal-Gila Council for Senior Citizens is implementing senior center based life skills training, gatekeeper training, and a peer education program, using "promotoras".
- The Community Partnership of Southern Arizona (CPSA) recently completed a needs assessment on older adults and sponsored a conference on older adult behavioral health needs. CPSA staff also chair the Older Adult Committee of the Arizona Suicide Prevention program, and recently implemented a program in Tucson with the local Area on Aging Agency for older adults.
- The Phoenix Area Agency on Aging facilitates senior center and community based life skills education and gatekeeper training as well as a cross age mentoring program.

**Outreach and Services for the Homeless Adult SMI Population:** ADHS/DBHS manages the Project for Assistance in Transition from Homelessness (PATH) grant, which is a federal grant from the Center for Mental Health Services. The grant is provided for the purpose of providing outreach services to persons with serious mental illness who are homeless and not enrolled in the RBHA system. ADHS/DBHS utilizes the PATH Formula Grant Funds to provide an array of services to persons who are homeless and have a serious mental illness, including those with co-occurring substance problems. The homeless outreach team provides services for individuals or families who are:

- Homeless or at imminent risk of becoming homeless, and
- Are suffering from serious mental illness and/or a substance abuse disorder.

The homeless team maintains contact with clients throughout the three counties: Maricopa, Pima and Coconino. The services provided by the PATH homeless outreach program are:

- Outreach activities and community education
- Field assessments and evaluations
- Intake assistance/emergent and non-emergent triages
- Transportation assistance
- Assistance in meeting basic skills
- Medication and assistance in filling prescriptions
- Move-in assistance
- Housing referrals, transitional and permanent placements
- Additional services, including outreach activities, hotel vouchers, food, clothing, and housing referrals for both transition and permanent placements.

Three areas of the State with the largest numbers of homeless individuals receive PATH funds. These are: Maricopa County, through Southwest Behavioral Health Services, CPSA (La Frontera, Inc., Pima County) and NARBHA (Catholic Social Services, Inc., Coconino County).

**Rural Adult SMI Population:** As identified earlier in the State Plan, Arizona is divided into regional geographic service areas (GSAs). Currently there are six GSAs based on the State's fifteen (15) county populations. Of the four RBHAs, Magellan (as of September 2007) and CPSA GSA 5 are located in the urban counties of Maricopa and Pima. Although there are rural communities located in these counties, the majority of the county populations reside in the cities of Phoenix and Tucson. The remaining RBHAs serve the rural counties. These RBHAs are: NARBHA, CPSA GSA 3, and Cenpatico. The rural RBHAs provide a full continuum of services

to eligible populations and are required to meet the same service delivery standards as urban RBHAs.

**State Mental Health Transformation Efforts and Activities in the State:**

NFC Goal 3: Disparities in mental health services are eliminated: Objective 3.2: Improve access to quality care in rural and geographically remote areas.

Arizona Activities: During FY 2006 ADHS/DBHS focused on assessing regional capacity for telemedicine and access to prescribers for behavioral health medications. In conjunction with the RBHA Medical Directors, ADHS/DBHS formalized a prescriber capacity network model that assesses the number of child and adult prescribers per geographic availability and per 100 enrolled behavioral health recipients. This model was implemented in FY 2006.

Also, ADHS/DBHS conducted its annual RBHA Network Sufficiency Analysis in late FY 2006 and early FY 2007, which included a focus on telemedicine capability and access to care in rural regions of the state. The transportation infrastructure within each regional area was also targeted, to ensure adequate access to transportation services for enrolled behavioral health recipients and their families. The Network Operations Unit within the Bureau for Clinical and Recovery Services was created to conduct ongoing monitoring of network sufficiency, including changes due to provider closures or contract changes.

NFC Goal 5: Excellent mental health care is delivered and research is accelerated. Objective 5.2: Advance evidence based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

Arizona Activities: The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system.

NFC Goal 5: Excellent mental health care is delivered and research is accelerated. Objective 5.3: Improve and expand the workforce providing evidence based mental health services and supports.

Arizona Activities: Significant strides have been made in the state to enhance the delivery of covered services. ADHS/DBHS provides a comprehensive array of covered behavioral health services and recovery services. The Behavioral Health Practitioner Loan Repayment Program (Senate Bill 1129) was passed in FY 2006, which establishes a tuition loan reimbursement program for behavioral health professionals and behavioral health technician staff who agree to serve for two years in an Arizona Mental Health Professional Shortage Area. ADHS/DBHS worked throughout FY 2007 and will continue in FY 2008 to develop a rules package to implement this statute.

ADHS/DBHS also created the Behavioral Health/Higher Education Partnership in FY 2005. The Partnership's purpose is to target and prepare a workforce that represents the composition of local communities and to increase the numbers of behavioral health professionals providing services throughout the state, especially in remote areas.

**Criterion 4:** **Targeted Services to Rural and Homeless Populations**

**National Outcome Measure (NOM): Increased Access to Services**

**Goal 1:** To provide behavioral health services to homeless individuals with a serious mental illness.

**Target 1:** Measure the number of homeless adults with SMI receiving behavioral health services and increase enrollment by 1% each year over the three year cycle of the grant.

**Population:** Homeless Adults with SMI.

**Indicator:** Adults with SMI who are/were homeless and enrolled in the behavioral health system.

**Measure:** Numerator: # of homeless adults with SMI at time of enrollment
Denominator: # total number of enrolled adults with SMI
FY 2008 Target: 6% FY 2009 Target: 7%
FY 2010 Target: 8%

**Source of Information:** Client Information System (CIS), Data Infrastructure Grant Tables

**Special Issues:** *Note: The percentage of homeless adults with SMI receiving behavioral health services from ADHS/DBHS was revised from the previous year's application, as DBHS reported the total number of homeless adults served in the system, as compared to homeless adults with serious mental illness.

**Significance:** Ensuring access to and appropriate services for persons with serious mental illness who are homeless is a primary goal of the CMHS Mental Health Services Block Grant and the State of Arizona's Exit Stipulation of the *Arnold v Sarn* Class Action Suit.

**Action Plan:** ADHS/DBHS will continue to track the numbers of adults with SMI who are homeless and receiving behavioral health service. Arizona will continue to use the PATH grant resources to provide outreach to the homeless adults with serious mental illness.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increased Access to Services** | 5%* | 4% | 5%* | 6% | 7% | 8% |
| **Numerator** | 1,986 | 1,599 | 1,777 | - | - | - |
| **Denominator** | 36,974 | 38,848 | 38,843 | - | - | - |

**Criterion 4:** **Targeted Services to Rural and Homeless Populations**

**National Outcome Measure (NOM): Increased Stability in Housing**

**Goal 2:** Continue to expand State funded housing programs.

**Target 1:** Increase state funded housing units in Maricopa County by 60 units each year.

**Population:** Adults with SMI.

**Indicator:** Number of housing units

**Measure:** Number of units per fiscal year.
FY 2008 Target: 1,146 FY 2009 Target: 1,206
FY 2010 Target: 1,266

**Source of Information:** ADHS/DBHS Strategic Plan for Housing for Maricopa County for Individuals with a Serious Mental Illness.

**Special Issues:** None.

**Significance:** Decent, safe and affordable housing is one of the most basic supports necessary for recovery and is a component of the full array of services and supports available to persons with SMI.

**Action Plan:** ADHS/DBHS will continue to work to increase housing for adults with SMI over the three year grant cycle.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increase in Family Stabilization and Living Conditions** | 988 | 1,026 | 1,086 | 1,146 | 1,206 | 1,266 |
| **Numerator** | N/A | N/A | N/A | N/A | N/A | N/A |
| **Denominator** | N/A | N/A | N/A | N.A | N/A | N/A |

**Criterion 5: Management Systems**

- Describes financial resources, staffing and training for mental health services providers necessary for the plan;
- Provides for training of providers of emergency health services regarding mental health; and
- Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved.

Describes mental health transformation efforts and activities in the State in Criterion 3, providing reference to specific goal(s) of the NFC Report to which they relate.

Identifies transformation expenditures by Mental Health Block Grant funding and other State funding sources in Table 4. CMHS will work in partnership with States to obtain this important information and will allow flexibility in the way in which expenditure data is reported given the structure of the table. All States should provide an explanation of how the data is being reported in the table.

**Narrative**

**Financial Resources:** The current fiscal basis for funding Arizona's system of services includes, but is not limited to, monies appropriated each year by the Arizona Legislature, as well as Title XIX/XXI dollars for behavioral health services to eligible populations. Title XIX/XXI funding for covered services to eligible clients is passed through the State Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. The State also receives federal substance abuse and mental health block grants.

In 1992, Arizona transitioned to a managed care behavioral health system from a fee-for-service model. Managed care refers not only to the oversight of the clinical treatment of the individual, but also the management of costs. Quality of care occurs when the individual is provided the most appropriate services, and the delivery of care is evaluated to ensure it is adequate and appropriate.

Over the past several years ADHS/DBHS implemented four large initiatives that provided increased funding and increased flexibility for the delivery of services to all populations. These initiatives were: Proposition 204 (increasing Title XIX eligibility to 100% of the FPL); Senate Bill 1280 (Joint Substance Abuse Treatment Fund); House Bill 2003 (infusion of one time funding for children and adults); and the Title XIX/XXI Covered Services Project. These helped to increase funding through higher eligibility levels, additional state-appropriated funding and redesign of the types of services that can be provided.

**Staffing and Training for Mental Health Services Providers:** ADHS/DBHS employs over 150 clinical, professional and support staff to ensure the publicly funded behavioral health system operates according to State and Federal laws, rules and regulations. Training is provided regularly to staff to enhance their skills and knowledge. Training was conducted in FY 2007 on such topics as Business Continuity Disaster and Recovery; Critical Incident Stress Management;

Applied Suicide Intervention Skills Training; Keeping Recovery Skills Alive (KRSA); Finance 101-103; Data Dissemination Methodology; Fraud and Abuse; Advance Directives; Natural Supports; National Alliance for the Mentally Ill Provider Education Course and Cultural Competence.

ADHS/DBHS provides technical assistance and consultation to the Tribal and Regional Behavioral Health Authorities (T/RBHAs) on a periodic and regular basis. The RBHAs are Magellan (the new Maricopa County RBHA, effective September 1, 2007), Community Partnership of Southern Arizona (CPSA), Northern Arizona Regional Behavioral Health Authority (NARBHA), and Cenpatico. The TRBHAs are the Gila River Indian Community, the Pascua Yaqui Tribe, and the White Mountain Apache Tribe, which will become a TRBHA in October 2007. The Colorado River Indian Tribe also contracts with ADHS/DBHS but only for Subvention (state only) funded services. The Navajo Nation was previously a TRBHA but now is a case management provider. The State also provides technical assistance on a regular basis with other Native American tribes in the State, including specialized technical assistance in FY 2007 on addressing methamphetamine abuse on reservation lands.

**Training of Emergency Health Services Providers Regarding Mental Health:** ADHS/DBHS provides regular and periodic training through the RBHA system to local police, fire, and other emergency medical personnel to work with individuals with mental illnesses. Crisis intervention training (CIT), using the Memphis model, was provided to police officers in Phoenix, Mesa (Maricopa County) and Tucson (Pima County) in FY 2007 and continues on a regular basis.

The Crisis Intervention Training Program was passed by the Arizona Legislature during the 2007 session, which will provide $250,000 in new program monies to implement a program operated by ADHS that will work with law enforcement agencies requesting training of its first responders to respond to crises related to mental illness. The program is a 40 hour training curriculum consisting of instruction in communication techniques, resources available in the community as alternatives to incarceration; and the signs and symptoms of psychiatric illnesses, behaviors of those in a psychiatric crisis and drugs and their side effects.

**Training and Sponsored Conferences:** ADHS/DBHS continues to sponsor conferences on a variety of behavioral health care issues.

- National Alliance for the Mentally Ill Author's Benefit was held on October 21, 2006 in Phoenix. The fundraiser was for support, education and advocacy in communities throughout the state.
- 13th Annual Arizona Coalition to End Homelessness conference was held November 6 – 7, 2006 in Phoenix. The conference's purpose was to strengthen the capacity of local communities statewide to respond to homeless issues through leadership, technical assistance, and advocacy. Training opportunities, access to resources and funding opportunities were shared with the attendees.
- Partners in Policymaking Leadership Training conference was held December 2006. The training was for parents with special needs, diagnosed with a mental illness and do not qualify for DD services.
- The Cesar Chavez Conference was held on March 30, 2007. The theme was "Culturally Grounded Practice." Experts on multicultural treatment research were in attendance.

- The National Alliance for the Mentally Ill "Mind of America" walk was held on March 21, 2007. Over 3,000 people marched to heighten community awareness of mental illness, educate the public and to reduce stigma.
- 11th Annual Statewide Statewide Family Centered Practice Conference was held June 7 – 8, 2007, in Phoenix. This year's theme was "Stronger Families, Safer Kids". Topics included assessing emotional and social development of young children, case management, and mental health ethics in clinical practice.
- 39th Annual Southwestern School for Behavioral Health Summer Training conference was held August 20 – 23, 2007, in Tucson. This year's theme was "Uniting Toward Excellence: Recovery, Resiliency, Renewal". Workshops included Stigma: Public and Clinical Perceptions of Addiction; Grandparents Raising Grandchildren; Horses and Healing; Sweatlodge and Talking Circles and many more.
- Mental Health Awareness Coalition and Candlelight Vigil will be held September 28, 2007 in Phoenix. The vigil is to educate the public in mental illness and substance abuse issues regarding understanding, awareness, and acceptance of mental health issues to the community, while working to reduce stigma and discrimination associated with mental health.
- The Second Annual Suicide Prevention Conference will be held October 25 – 26, 2007 in Tucson. This year's theme is "Suicide Safer Arizona" and topics include suicide prevention in the schools, Native American communities, older adults, the criminal justice system, and more.
- The 20th Annual Mental Health Association of Arizona Seeds of Success Symposium will be held in the spring of 2008. The Symposium had traditionally been held in October of each year but was rescheduled. The theme was not yet available at the time of writing.

**Mental Health Transformation Efforts and Activities in the State in Criterion 3**:
Criterion 3 is child specific. Please refer to Criterion 5 of the Child Plan for this information.

**Identified transformation expenditures by Mental Health Block Grant funding and other State funding sources in Table 4.**: Arizona, similar to other large states, operates a regionalized behavioral health system. The system cannot capture the level of detailed information required in Table 4. For Arizona to be able to capture this data, it will require a complete transformation in how the Regional Behavioral Health Authorities (RBHAs) currently report their expenditures, as it is a blended funding system. At this time, the ability to gather financial data down to the level of specificity required in Table 4 is not possible for the 2008 application. However, Arizona is able report on one transformation activity, which is identified on page 77.

The FY 2008-2010 ADHS/DBHS budget and breakdown of CMHS Block Grant funding to adults with SMI by RBHA follows on page 78.

## Table 4

## FY 2008 – FY 2010 MHBG Transformation Expenditure Reporting Form

## State: Arizona

| State Transformation Activity | FY 2008 MHBG Planned Expenditure Amount | FY 2008 Other State Funding Source Amount |
|---|---|---|
| Improving **coordination** of care among multiple systems | | |
| Support for **culturally competent** services | | |
| Involving **consumers and families** fully in orienting the MH system toward recovery | **$72,109** | **$203,236** |
| Support for **consumer- and family-operated programs**, including Statewide consumer networks | | |
| Services for **co-occurring** mental and substance use disorders | | |
| Eliminating **disparities** in access to and quality of care | | |
| Support for integrated **electronic health record** and personal health information systems | | |
| Improving consumer access to **employment and affordable housing** | | |
| Provision of **Evidence Based Practices** | | |
| Aligning **financing** for mental health services for maximum benefit | | |
| Supporting **individualized plans of care** for consumers | | |
| Supporting use of **peer specialists** | | |
| Linking mental health care with **primary care** | | |
| Supporting **school** mental health programs | | |
| Supporting early mental health **screening,** assessment, and referral to services | | |
| **Suicide** prevention | | |
| Supporting reduction of the **stigma** associated with mental illness | | |
| Use of health **technology** and telehealth to improve access and coordination of mental health care | | |
| Supporting **workforce development** activities | | |
| **Other (specify)** | | |

**ARIZONA DEPARTMENT OF HEALTH SERVICES**
**DIVISION OF BEHAVIORAL HEALTH**
**FY 2008-2010 BUDGET**

| Program | Federal Funds | CMHS Block Grant | State Funds | Title XIX | Title XXI | Other Funds | Total |
|---|---|---|---|---|---|---|---|
| Arizona State Hospital | | | $51,732,100 | | | $5,251,900 | $56,984,000 |
| Adult SMI, Non-TXIX/TXXI | $930,240 | $929,168 | $90,899,400 | | | $32,483,200 | $125,242,008 |
| Adult SMI, TXIX | | | $126,332,622 | $234,384,882 | | | $360,717,504 |
| Adult SMI, TXXI | | | | | $4,131,000 | | $4,131,000 |
| Adult Non-TXIX/XXI SMI, GMH | | | $1,668,400 | | | $4,931,600 | $6,600,000 |
| Adult Non-SMI, GMH TXIX | | | $65,420,232 | $123,156,738 | | | $188,576,970 |
| Adult Non-SMI, GMH TXXI | | | | | $2,346,000 | | $2,346,000 |
| Children, Non-TXIX/TXXI | $775,000 | $7,150,987 | $10,763,600 | | | $1,500,000 | $20,189,587 |
| Children, TXIX | | | $120,893,868 | $237,522,606 | | | $358,416,474 |
| Children, TXXI | | | | | $16,139,868 | | $16,139,868 |
| Administrative/ Programmatic | $439,184 | $425,271 | $6,814,045 | $8,956,110 | $515,100 | $214,000 | $17,363,710 |
| Total | $2,144,424 | $8,505,426 | $474,524,267 | $604,020,336 | $23,131,968 | $44,380,700 | $1,156,707,121 |

Notes:

(1) Title XIX non-SMI capitation funding combines Substance Abuse and General Mental Health Services. Total funding for each program is combined. The amounts listed are the appropriate amounts per Chapter 255 of the 48th Legislature, 1st Regular Session, 2007 (HB 2781).

(2) Title XIX and XXI funding is capitated. The amounts include expansion populations. RBHA specific budgets are dependent on per member per month values.

(3) Dual Eligible Part D Copay included in Adult GMH & Adult SMI, NTXIX /TXXI

**FY 2007 RBHA ALLOCATION, BLOCK GRANT FUNDS**
**SMI ADULT POPULATION**

| RBHA | % OF TOTAL POPULATION | TOTAL CMHS BLOCK GRANT FUNDING |
|---|---|---|
| CPSA-GSA 5 | 17% | $74,542 |
| CPSA-GSA 3 | 4% | $57,923 |
| Cenpatico-GSA 2 | 3% | $8,959 |
| Cenpatico-GSA 4 | 5% | $48,985 |
| ValueOptions | 61% | $555,605 |
| NARBHA | 10% | $60,959 |
| **TOTAL** | **100%** | **$806,343** |

## Children's Plan

**Criterion 1: Comprehensive Community Based Mental Health Service System**

- Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.
- Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:
  - ✓ Health, mental health, and rehabilitation services;
  - ✓ Employment services;
  - ✓ Housing services;
  - ✓ Educational services;
  - ✓ Substance abuse services;
  - ✓ Medical and dental services;
  - ✓ Support services;
  - ✓ Services provided by local school systems under the Individuals with Disabilities Education Act;
  - ✓ Case management services;
  - ✓ Services for persons with co-occurring (substance abuse/mental health) disorders; and
  - ✓ Other activities leading to reduction of hospitalization.

Describes mental health transformation efforts and activities in the State in Criterion 1, providing reference to specific goals of the President's New Freedom Commission (NFC) Report to which they relate.

**Narrative**

**Structure:** The organizational structure for Arizona's system of care is divided into six geographical regions (GSAs), designed to promote a service system that is responsible to and reflective of the unique needs of a specific area of the state and its population. The direct local administration of the system is accomplished by nonprofit and for profit organizations known as Regional Behavioral Health Authorities (RBHAs). The RBHAs are awarded contracts based on responses to a Request for Proposal (RFP) by the State, and are three years in duration, with an option to extend to five years. Magellan is the new RBHA serving Maricopa County effective September 1, 2007. In addition, five Arizona Indian Tribes contract with the State for behavioral health services. These are the Pascua Yaqui Tribe, Gila River Indian Community, and the White Mountain Apache Tribe, who operate as TRBHAs. The White Mountain Apache Tribe will become a TRBHA in October 2007. The Colorado River Indian Tribe is contracted to provide Subvention (state only) funded services, and the Navajo Nation, who was previously a TRBHA, now operates as a case management provider.

**Health, Mental Health and Rehabilitation Services:** ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for

persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains:

1. **Treatment services**
   - Behavioral Health Counseling and Therapy
   - Assessment, Evaluation and Screening Services
   - Other Professional

2. **Rehabilitation Services**
   - Skills Training and Development
   - Psychosocial Rehabilitation Living Skills Training
   - Cognitive Rehabilitation
   - Health Promotion (Behavioral Health Prevention/Promotion Education and Medication Training)
   - Psychoeducational Services & Ongoing Support to Maintain Employment

3. **Medical Services**
   - Medication Services
   - Laboratory, Radiology and Medical Imaging
   - Medical Management
   - Electro-Convulsive Therapy

4. **Support Services**
   - Case Management
   - Personal Care Services
   - Home Care Training (Family Support)
   - Self Help/Peer Services (Peer Support)
   - Therapeutic Foster Care Services
   - Home Care Training to Home Care Client
   - Unskilled Respite Care
   - Supported Housing
   - Sign Language or Oral Interpretive Services
   - Non-Medically Necessary Covered Services
   - Transportation

5. **Crisis Intervention Services**
   - Crisis Intervention Services (Mobile)
   - Crisis Intervention Services (Stabilization)
   - Crisis Intervention (Telephone)

6. **Inpatient Services**
   - Hospital
   - Sub-acute Facility
   - Residential Treatment Center

**7. Residential Services**

- Behavioral Health Short-Term Residential (Level II), Without Room & Board
- Behavioral Health Long-Term Residential (Non-medical, Non-acute) Without Room and Board (Level III)
- Mental Health Services No Other Symptoms (NOS), Room & Board

**8. Behavioral Health Day Programs**

- Supervised Behavioral Health Treatment & Day Programs
- Therapeutic Behavioral Health Services & Day Programs
- Community Psychiatric Supportive Treatment & Medical Day Programs

**9. Prevention Services**

- Early Intervention
- Training
- Public Information
- Parent/Family Education
- Community Mobilization
- Life Skills Development
- Mentorship
- Peer Leadership
- HIV Client Assistance Services

**Rehabilitation and Employment Services:** Rehabilitation services include the provision of education, coaching, training, demonstration and other services including securing and maintaining employment to remediate residual prevent anticipated functional deficits.

**Educational Services:** ADHS/DBHS and the Arizona Department of Education (ADE) had entered into an Interagency Service Agreement (ISA) to ensure collaboration on behalf of the child and to carry out each agency's mutual duties and responsibilities under state and federal law, rule and regulations. However, the ISA has recently ended and a protocol was developed in its place. There is a group comprised of DBHS staff, Arizona Attorney General staff and other stakeholders whose current activities involve the reviewing the feasibility of establishing a new agreement or an updating the protocol with ADE.

**Substance Abuse Services:** To ensure the development of substance abuse services, ADHS/DBHS requires the T/RBHAs to develop an action plan for their geographic service area that includes a needs and resource assessment.

ADHS/DBHS was awarded the SAMHSA State Adolescent Substance Abuse Treatment Coordination grant in FY 2005. The grant is entering its third year of implementation. Activities include developing workforce capacity assessment to identify areas for system development in evidence-based practices, direct services and family involvement on substance abuse issues for youth ages 12 – 24 years. Arizona is creating a sustainable system of care that effectively breaks the cycle of addiction in Arizona's families through early identification, intervention and treatment for substance use disorders among youth and young adults. The project establishes a single locus of responsibility within the state for expanding access and the quality and delivery

of substance abuse services for the state's high-risk population of young people age 12-24 years old and their family members. The project capitalizes on unique and innovative system and practice reforms currently underway in Arizona to expand early identification and access to services, establish a broad continuum of age, culture and disability appropriate services and supports. The project will also improve the quality and effectiveness of treatment for young people in the state.

The Arizona Legislature passed Arizona Senate Bill 1280, known as the Joint Substance Abuse Treatment Fund in FY 2001. The legislation established a special fund that is jointly administered by the Department of Economic Security (DES) and ADHS/DBHS. The Temporary Assistance to Needy Families (TANF) Block Grant also supports this program, which is targeted to child welfare and TANF recipients. The program provides for the development, oversight and evaluation of treatment programs for these populations. ADHS/DBHS, in partnership with DES, provides prompt and easy access to families with children who need substance abuse services through a program called "Arizona Families F.I.R.S.T" (Families In Recovery Succeeding Together). DES identifies the adult clients from TANF and Child Protective Services; ADHS/DBHS, through the RBHAs, provide the services.

**Medical and Dental Services**: The State of Arizona provides indigent and categorically eligible dental and primary health care for children through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency. AHCCCS has several types of children's programs. Some of these programs are funded with federal dollars and others with state and county dollars. All AHCCCS programs for children include Early, Periodic Screening, Diagnosis and Treatment (EPSDT) services which provide comprehensive health care through primary prevention, early intervention, diagnosis and medically necessary treatment for eligible AHCCCS members under 21 years of age. In addition to making referrals to dentists, primary care physicians are encouraged to stress the importance of dental health and treatment and to remind the child's caregiver of the importance of dental health and treatment and the importance of an annual dental checkup for the child.

**Support Services:** Support services are provided to facilitate the delivery of or enhance the benefits received from other behavioral health services. Support services are grouped into the following categories: case management; personal care services; home care training; family services (family support); self-help/peer services (peer support); therapeutic foster care services; unskilled respite care; supported housing; sign language or oral interpretive services; non-medically necessary covered services (flex fund services), and transportation.

**Services to be provided by local school systems under the Individuals with Disabilities Act:** The local school district, also called the local education agency (LEA), is responsible for any educational service under an Individual Education Plan (IEP). The LEA uses a variety of assessment tools and strategies to gather relevant information about the child. Based on the evaluation results, the IEP team, which includes the family, decides which services the child needs in order to benefit from a free and appropriate public education. This may include developmental, corrective, or supportive services as required in assisting a child with a disability to benefit from special education. The IEP team then determines the least restrictive environment in which services can be provided to meet the educational needs of the child. If the

IEP team determines that the child cannot be educated in the community either within the LEA or a contracted private school, then a residential special education placement is necessary.

**Case Management Services:** Case management is a supportive service provided to enhance treatment goals and effectiveness. Activities may include: assistance in maintaining, monitoring and modifying covered services; face-to-face interactions for the purpose of maintaining or enhancing a person's functioning; coordination of care activities related to continuity of care between levels of care; outreach and follow-up of crisis contacts and missed appointments; and participation in staffings, case conferences or other meetings.

**Services for Persons with Co-Occurring Disorders**: ADHS/DBHS continues to lead the effort to integrate the substance abuse and the mental health fields to treat individuals with co-occurring disorders effectively. A Practice Improvement Protocol (PIP) addressing substance abuse treatment for children was developed in 2004 and outlines philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services. In addition, the protocol addresses co-occurring disorders, as mental or behavioral disorders with substance abuse are relatively common. Interventions that identify and treat problematic early childhood behavioral issues can significantly mitigate the severity of substance abuse problems in youth. Treatment needs are best served by approaching co-occurring disorders in an integrated and coordinated manner by clinicians and support providers who are skilled in assessment and intervention of both disorders.

**Activities leading to the reduction of hospitalization of SED children:** ADHS/DBHS and the other child serving state agencies continue to work together to monitor out-of-state residential treatment center placements and how to transition these children back into their communities. Placement prevention strategies are also being reviewed. As a component of Arizona's system transformation, ADHS/DBHS staff worked with a team of experts and consultants to develop the "Meet Me Where I Am" campaign in FY 2006; transformation activities continue to be implemented. Activities include amendments to the FY 2008 RBHA contracts to include expectations for service delivery, network sufficiency, network monitoring and financial requirements. ADHS/DBHS will also receive an increase in the Title XIX/XXI children's capitation to support case manager availability and expanded delivery of support and rehabilitative services.

The Community Partnership of Southern Arizona (CPSA) developed the "Sourcebook for Families Coping with Mental Illness" to assist individuals in navigating the publicly funded behavioral health system, and was written to be user-friendly in providing information about mental illness, treatments and services.

**Other support services from public and private resources provided to assist individuals to function outside of inpatient institutions:** ADHS/DBHS is an active partner with AHCCCS to develop more services for the general populations. In FY 2001, AHCCCS made it possible for primary care physicians to prescribe psychotropic medications to people who have uncomplicated behavioral health disorders. A process has been developed between the RBHAs and the AHCCCS contracted Health Plans to address appropriateness and coordination of care

between the two systems when people are prescribed psychotropic medications through a primary care physician.

ADHS/DBHS has also worked closely with the Arizona Department of Economic Security's Administration for Children, Youth & Families (DES/ACYF) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local action plans were developed and implemented throughout the state to develop foster care placement preservation, personnel co-location, service development prioritization and cross-system training protocols. ADHS/DBHS and DES/ACYF have accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004, ADHS/DBHS and the RBHAs initiated a universal, urgent (within 24 hours) behavioral health response for every child being removed from family into protective foster care, as initiated by the CPS investigator. ADHS/DBHS, DES/ACYF and AHCCCS jointly developed a training curriculum to support seamless service for children leaving foster care through the Adoption Subsidy program.

ADHS/DBHS and the other child serving state agencies have also been working together to look at out-of-state residential treatment center placements and how to transition these children back into their communities. ADHS/DBHS developed a policy requiring notification of all placements to ensure that all efforts have been made to keep children in Arizona.

**Evidence-Based Practices (EBPs):** The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system, including issues of innovation, fidelity, and infrastructure to support adoption. Its membership is comprised of individuals representing the diversity of the state: family members, individuals with lived experience, substance abuse and mental health providers, support and rehabilitative providers, T/RBHAs, and the State Medicaid agency, AHCCCS. The Arizona Behavioral Health Planning Council Chair is represented on the Best Practices Advisory Committee.

During FY 2007, the Committee agreed to focus on the development of capacity and expertise in the following areas, which will be carried out throughout FY 2008:

- Specialized Adolescent/Young Adult Substance Use Disorder Treatment: Motivational Interviewing (MI).
- Selected Innovation Zones: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT); Adolescent Community Reinforcement Approach (ACRA); Multi-Dimensional Family Therapy (MDFT); and Brief Strategic Family Therapy (BSFT).
- Statewide Adult, Child and Adolescent Practices: Motivational Interviewing (MI); Client Directed, Outcome Informed Practice; and Peer to Peer Services.

The use of EBPs in the children's system of care is identified in Goal 3 of this Criterion.

**Number of SED Children Served:** ADHS/DBHS is responsible for administering publicly funded mental health and substance abuse treatment services. Services are available to children

and their families in need of treatment for a behavioral health disorder, including children with serious emotional disturbances.

ADHS/DBHS served 30,376 children and adolescents in FY 2007. It is projected that ADHS/DBHS will provide services to 30,979 children in FY 2008, based on the State population growth increase of 2%, the SED prevalence rate of 7%, and the FY 2007 penetration rate of 27.2%.

**Mental Health Transformation Efforts and Activities in the State:**
NFC Goal: Mental health care is consumer and family driven: Objective 2.2: Involve consumers and families fully in orienting the mental health system toward recovery.
Arizona Activities: In FY 2006 ADHS/DBHS let a RFP for agencies to recruit and train behavioral health recipients and family members to participate in ADHS/DBHS activities including committees, mystery shopping, satisfaction surveys, review of data and feedback on proposed initiatives. Contracts were awarded in FY 2007.

This Family/Advocacy RFP was awarded to six family and consumer organizations in FY 2007. The RFP was designed to enhance involvement of behavioral health recipients, family members and grassroots organizations in the direct oversight of the behavioral health system. Service contracts included:

- Services to promote individual/family involvement in policy and system oversight, including the ADHS/DBHS Quality Management and Policy Committees, as well as Mystery Shopper activities;
- Peer and family Support and information programs on statewide basis;
- Establishment of a Latino Family Involvement Center in Phoenix and Yuma; the Center's mission is to assist and support families and caregivers and to help policy makers and service providers transform the system, and
- Services to support family participation in local and national conferences and workshops.

NFC Goal 5: Excellent mental health care is delivered and research is accelerated. Objective 5.2: Advance evidence-based practices using dissemination and demonstration projects and create a private-public partnership to guide their implementation.
Arizona Activities: The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system. Membership includes consumers, family members and the Chair of the Arizona Behavioral Health Planning Council.
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**Mental Health Transformation Performance Indicator, Child Plan:** This performance indicator is identified as Goal 6, Target 1 under this Criterion.

The following modifications were made in this Criterion:

**Goal 1, Target 1:** The original estimates for FY 2006 – 2007 were modified from the FY 2007 Plan due to the availability of more current ADHS/DBHS data. The projection for FY 2006 was

74% and FY 2007 was 76%. However, the actual percentages were: FY 2006 @ 82% and FY 2007 @ 89%. Despite the high percentage rate for FY 2007, ADHS/DBHS will base the 2% increase per year over the three year grant cycle based on FY 2006.

**Goal 3, Target 1:** The figures presented in the original modification submitted to CMHS December 2005 were revised per CMHS' request in May 2006 to submit a second modification, which was reflected in the FY 2007 Plan. This goal has been modified for FY 2008-2010 to measure the percentage of children in therapeutic foster care compared to the total number enrolled in the behavioral health system per Fiscal Year.

**Goal 4, Target 1:** The figures presented in the FY 2007 Plan erroneously stated that no children were readmitted within 30 days to the State Hospital during FY 2005. This has been corrected and the goal and target corrected for the FY 2008-2010 application.

**Criterion 1:** **Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Increased School Attendance**

**Goal 1**: To increase school attendance for children with SED.

**Target 1:** Increase the number of children with SED attending school by 2% over the FY 2006 percentage rate each year over the three year grant cycle.

**Population:** Children with a Serious Emotional Disturbance (SED)

**Indicator:** School Attendance of Children with SED.

**Measure:** Numerator: # of children with SED who attend school
Denominator: Total # of children with SED enrolled in the ADHS/DBHS system.
FY 2008 Target: 86% FY 2009 Target: 88% FY 2010 Target: 90%

**Source of Information:** Client Information System (CIS)

**Special Issues:** ***Note:** The actual and projected figures are modified from the FY 2007 Plan due to more current data. The trend for this goal since its inception in FY 2004 has shown a higher percentage rate each year than originally projected.

**Significance:** Although the percentage rate was significantly higher in FY 2007, ADHS/DBHS will continue to project the increase based on the results from the FY 2006 data. The projected and targeted rates for FY 2008-2010 have been modified to reflect the data results.

**Action Plan:** ADHS/DBHS will continue to track this important NOM, as it is mandated by CMHS.

**Performance Indicator Data – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Projected | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increase in Employment or Return to School** | 79%* | 82%* | 89%* | 86% | 88% | 90% |
| **Numerator** | 18,150 | 27,031 | 26,931 | - | - | - |
| **Denominator** | 22,896 | 33,063 | 30,376 | - | - | - |

**Criterion 1:** **Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Increased Social Supports/Social Connectedness**

**Goal 2:** To provide family-centered and coordinated services to children with SED.

**Target 1:** To maintain the number of children with SED placed in out-of-state treatment facilities at 20 children each fiscal year.

**Population:** Children with SED.

**Indicator:** Children with SED in out-of-state treatment facilities

**Measure:** Number of children with SED in out-of-state placements
FY 2008 Target: 20 FY 2009 Target: 20 FY 2010 Target: 20

**Source of Information:** RBHA quarterly reports.

**Special Issues:** ***Note:** The actual number of children increased beyond ADHS/DBHS projections, due to closures of several residential treatment centers in Arizona. Out of state placements are only made to address the special needs of children requiring out of home care.

**Significance:** Ensuring family-centered coordinated care is the primary goal of Arizona's children's reform and the J.K. Settlement Agreement.

**Action Plan:** ADHS/DBHS will continue to track the number of children placed out of state and will continue to project 20 children per year**.**

**Performance Indicator Data –Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increased Social Supports/Social Connectedness** | 20 | 25* | 20 | 20 | 20 | 20 |
| **Numerator** | N/A | N/A | N/A | N/A | N/A | |
| **Denominator** | N/A | N/A | N/A | N/A | N/A | |

**Criterion 1:** **Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Evidence-Based Practices**

**Goal 3:** Develop, train, and implement Evidence-Based Practices (EBPs) for treatment of children with serious emotional disturbances.

**Target 1:** Measure the number of children receiving EBPs each year, the type of EBPs implemented in the state for children with behavioral health needs, and project a 1% increase per year over the three year grant cycle.

**Population:** Children with SED.

**Indicator:** Evidence-Based Practices for Children with Behavioral Health Needs

**Measure:** Numerator: Number of children in home care training
Denominator: Total number of children enrolled in the behavioral health system
FY 2008 Target: 3% FY 2009 Target: 4% FY 2010 Target: 5%

**Source of Information:** DIG Data Tables-Table 16

**Special Issues:** *__Note:__ Although Arizona endorses the use of several EBPs for children with SED, its current data capacity is only able to capture home care training (formerly known as therapeutic foster care), as reported in the DIG II URS Tables.

**Significance:** ADHS/DBHS convened a Best Practice Advisory Committee to guide the State in the selection and implementation of EBPs for children.

**Action Plan:** ADHS/DBHS will continue to track the number of children receiving EBPs and will work to increase its ability to capture data regarding the provision of additional EBPs.

**Performance Indicator Table – Arizona Plan**

| Core Measure: Evidence-Based Practices | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: # Children Served, home care training** | 4% | 2% | 2% | 3% | 4% | 5% |
| **Numerator** | 933 | 681 | 494 | - | - | - |
| **Denominator** | 22,896 | 33,063 | 30,376 | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds**

**Goal 4:** Establish a baseline rate of 30-day re-admission for children with serious emotional disturbances to the State Hospital.

**Target 1:** Maintain a 2% 30-day re-admission rate over the three-year grant cycle.

**Population:** Children with Serious Emotional Disturbances

**Indicator:** Percentage of children with SED re-admitted to the State Hospital within 30 days.

**Measure:** FY 2008 Target: 2% FY 2009 Target: 2% FY 2010 Target: 2%

**Source of Information:** Client Information System; Data Infrastructure Grant Tables

**Special Issues:** *Note: ADHS/DBHS will continue to maintain a 2% readmission rate, despite the larger increase in FY 2006 and FY 2007.

**Significance:** Arizona's community-based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long-term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow immediate linkage to community services within 7 days of discharge.

**Action Plan:** ADHS/DBHS will continue to project 2% as a reasonable goal for 30 day re-admissions to the State Hospital.

**Performance Indicator Table – Arizona Plan**

| Core Measure: Reduced Utilization of Psychiatric Inpatient Beds | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator** | 2% | 5%* | 3%* | 2% | 2% | 2% |
| **Numerator** | 1 | 1 | 1 | - | - | - |
| **Denominator** | 34 | 22 | 29 | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds**

**Goal 5:** Establish a baseline rate of 180-day re-admission for children with serious emotional disturbances to the State Hospital.

**Target 1:** Reduce by 1% each year over the three-year grant cycle the estimated FY 2005 baseline for 180-day re-admission.

**Population:** Children with Serious Emotional Disturbance

**Indicator:** Percentage of children with SED re-admitted to the State Hospital within 180 days.

**Measure:** Numerator: # of children with SED re-admitted to the State Hospital within 180 days.
Denominator: Total # of children with SED admitted to State Hospital in a Fiscal Year.
FY 2008 Target: 13% FY 2009 Target: 12% FY 2010 Target: 11%

**Source of Information:** Client Information System; Data Infrastructure Grant Tables

**Special Issues:** *Note: The baseline percentage for FY 2005 was revised from the FY 2007 Plan to reflect more current data, which also changed the projections identified in the FY 2008-2010 Plan. The new projected percentages are identified below.

**Significance:** Arizona's community-based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long-term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow immediate linkage to community services within 7 days of discharge.

**Action Plan:** ADHS/DBHS will continue to project 1% as a reasonable goal for 30 day re-admissions to the State Hospital.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds** | 14%* | 5% | 14%* | 13% | 12% | 11% |
| **Numerator** | 4 | 1 | 4 | - | - | - |
| **Denominator** | 28 | 22 | 29 | - | - | - |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**Mental Health Transformation Performance Indicator, Child Plan:** Involving **consumers and families** fully in orienting the MH system toward recovery

**Goal 6:** Expand self-help peer service capacity statewide through increased peer and family support workers.

**Target 1:** Increase by 1% peer and family support workers throughout the state over the three year cycle of the grant.

**Population:** Children with Serious Emotional Disturbance

**Indicator:** Expand Peer and Family Support Capacity

**Measure:** # of self-help/peer services provided by family members and consumers
FY 2008: Self-help/peer services: 719
FY 2009: Self-help/peer services: 726
FY 2010: Self-help/peer services: 733

**Source of Information:** Annual Provider Network Evaluation and Sufficiency Report

**Special Issues:** Expanding peer and family support capacity statewide has been an ADHS/DBHS focus for several years.

**Significance:** As a recovery model, ADHS/DBHS will continue to work to increase employment and vocational opportunities to adults with SMI throughout the state.

**Action Plan:** ADHS/DBHS will track the number of peer and family support staff over the three year cycle of the Block Grant and will project an increase (to be determined based on trends) each year. A baseline will be established for FY 2008.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **# of staff providing self-help/peer services** | N/A | N/A | 712 | 719 | 726 | 733 |

**Criterion 1:** **Comprehensive, Community Based Mental Health Service System**

**Mental Health Transformation Performance Indicator, Child Plan:** Involving **consumers and families** fully in orienting the MH system toward recovery

**Goal 6:** Expand home care training/family support capacity statewide through increased peer and family support workers.

**Target 1:** Increase by 1% peer and family support workers throughout the state over the three year cycle of the grant.

**Population:** Children with Serious Emotional Disturbance

**Indicator:** Expand Peer and Family Support Capacity

**Measure:** # of self-help/peer services and # of home care training and family support services provided by family members and consumers
FY 2008: Home care training/family support: 240
FY 2009: Home care training/family support: 242
FY 2010: Home care training/family support: 244

**Source of Information:** Annual Provider Network Evaluation and Sufficiency Report

**Special Issues:** Expanding peer and family support capacity statewide has been an ADHS/DBHS focus for several years.

**Significance:** As a recovery model, ADHS/DBHS will continue to work to increase employment and vocational opportunities to adults with SMI throughout the state.

**Action Plan:** ADHS/DBHS will track the number of peer and family support staff over the three year cycle of the Block Grant and will project an increase (to be determined based on trends) each year. A baseline will be established for FY 2008.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **# of staff providing home care training & family support** | N/A | N/A | 238 | 240 | 242 | 244 |

## Criterion 2: Mental Health System Data Epidemiology

- The Plan provides an estimate of the incidence and prevalence in the State of serious emotional disturbance among children.
- Presents quantitative targets to be achieved in the implementation of the system of care described under Criterion 1.

Describes mental health transformation efforts and activities in the State in Criterion 2, providing reference to specific goal(s) of the NFC Report to which they relate.

**Narrative**

State Definition for Children with SED: The State of Arizona uses the following definition for Children with a Serious Emotional Disturbance (SED): Children with a Serious Emotional Disturbance are persons:

From birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the latest version of the Diagnostic and Statistical Manual of the American Psychiatric Association, that qualifies as an SED diagnosis. This definition has been revised effective January 2004, to include functional impairment as a criterion.

Although the State definition of SED falls within the criteria set forth in the federal definition, it differs from the federal definition because a number of diagnoses federally classified as SED are served in Arizona's Long Term Care System (ALTCS), rather than through ADHS/DBHS, and the State has a much stricter operational definition of functional impairment.

ADHS/DBHS revised the number of children and adolescents served in FY 2006, which was 33,063. ADHS/DBHS served 30,376 children and adolescents in FY 2007. It is projected that ADHS/DBHS will provide services to 30,979 children in FY 2008, based on the State population growth increase of 2%, the SED prevalence rate of 7%, and the FY 2007 penetration rate of 27.2%.

**Mental Health Transformation Efforts and Activities in the State:**

NFC Goal 3: Disparities in mental health are eliminated. Objective 3.1: Improve access to quality care that is culturally competent.

Arizona Activities: ADHS/DBHS conducted a self-assessment of cultural competency activities using the National Association of State Mental Health Program Directors (NASMHPD) Tool. Results from the self-assessment were incorporated into the Division's annual Cultural Competency Plan. The Division's Cultural Competency Committee also meet monthly to implement the Plan. The Committee, in conjunction with consultants from the Centers for Substance Abuse Treatment (CSAT), developed two types of cultural competency training. The first training addressed the application of an organizational assessment tool within behavioral health agencies and the second training addressed the integration of culturally competent services into daily clinical practice.

Also, the ADHS/DBHS Data Subcommittee created a Language Capacity Reporting form, which is completed by the T/RBHAs annually. The form is used to collect data on bilingual capacity for top four most prevalent languages within the region, including American Sign Language. Data is reported for all levels of behavioral health professionals, physicians, technicians and paraprofessional staff in the T/RBHA systems.

NFC Goal 3: Disparities in mental health are eliminated. Objective 3.2: Improve access to quality care in rural and geographically remote areas.
Arizona Activities: ADHS/DBHS conducted its annual RBHA Network Sufficiency Analysis in late FY 2006 and early FY 2007, which included a focus on telemedicine capability and access to care in rural regions of the state. The transportation infrastructure within each regional area was also targeted, to ensure adequate access to transportation services for enrolled behavioral health recipients and their families. The Network Operations Unit within the Bureau for Clinical and Recovery Services was created to conduct ongoing monitoring of network sufficiency, including changes due to provider closures or contract changes.

The Behavioral Health Practitioner Loan Repayment Program (Senate Bill 1129) was passed in FY 2006, which establishes a tuition loan reimbursement program for behavioral health professionals and behavioral health technician staff who agree to serve for two years in an Arizona Mental Health Professional Shortage Area. ADHS/DBHS worked throughout FY 2007 and will continue in FY 2008 to develop a rules package to implement this statute.

The following modifications were made in this Criterion:

**Goal 1, Target 1:** These figures are revised from the FY 2007 Plan to reflect more current data collection. Although the original projection of 24% for FY 2006 and 26% for FY 2007 was exceeded, it must also be noted that the total number of children served in FY 2007 decreased. ADHS/DBHS is studying the issue; the federal Deficit Reduction Act may be a factor. Percentage rates will be based upon the FY 2007 rate and projections will be increased by 2% each year of the grant cycle.

**Prevalence and Penetration Rates for FY 2007**

| Arizona Population of Children under the age of 18 | SED Prevalence Rate of 7% applied to the general population of Arizona | Number of Children with SED served | Penetration Rate |
|---|---|---|---|
| FY 2006: 1,564,457 | 109,512 | 33,063 | 30.2% |
| FY 2007: 1,595,128 | 111,658 | 30,376 | 27.2% |

The number of children and adolescent with serious emotional disturbance served in FY 2007 follows.

**Number of SED Children Served in FY 2007**

| RACE | WHITE | AFRICAN AMERICAN | AMERICAN INDIAN | ASIAN | PACIFIC ISLANDER | MULTI-RACIAL | UNKNOWN |
|---|---|---|---|---|---|---|---|
| **RBHA** | | | | | | | |
| **ValueOptions** | 13,460 | 2,056 | 234 | 67 | 24 | 48 | 0 |
| **NARBHA** | 3,082 | 50 | 220 | 2 | 24 | 48 | 0 |
| **Cenpatico-GSA 2** | 802 | 24 | 37 | 2 | 4 | 21 | 0 |
| **Cenpatico-GSA 4** | 1,751 | 129 | 83 | 4 | 10 | 87 | 0 |
| **CPSA-GSA 3** | 1,235 | 34 | 5 | 2 | 0 | 41 | 0 |
| **CPSA-GSA 5** | 5,423 | 420 | 168 | 16 | 12 | 140 | 0 |
| **Gila River** | 0 | 0 | 407 | 1 | 0 | 3 | 0 |
| **Pascua Yaqui** | 1 | 0 | 58 | 0 | 0 | 0 | 0 |
| **Navajo Nation** | 0 | 0 | 127 | 0 | 0 | 0 | 0 |
| **TOTAL:** | 25,754 | 2,713 | 1,339 | 94 | 52 | 424 | 0 |
| **GRAND TOTAL:** | 30,376 | | | | | | |
| **ETHNICITY** | **HISPANIC** | **NON-HISPANIC** | **UNKNOWN** | | | | |
| **RBHA** | | | | | | | |
| **ValueOptions** | 5,565 | 10,324 | 0 | | | | |
| **NARBHA** | 504 | 2,936 | 0 | | | | |
| **Cenpatico-GSA 2** | 499 | 391 | 0 | | | | |
| **Cenpatico-GSA 4** | 709 | 1,355 | 0 | | | | |
| **CPSA-GSA 3** | 701 | 616 | 0 | | | | |
| **CPSA-GSA 5** | 2,843 | 3,336 | 0 | | | | |
| **Gila River** | 2 | 409 | 0 | | | | |
| **Pascua Yaqui** | 3 | 56 | 0 | | | | |
| **Navajo Nation** | 1 | 126 | 0 | | | | |
| **TOTAL:** | 10,827 | 19,549 | 0 | | | | |

**Criterion 2:** **Mental Health System Data Epidemiology**

**National Outcome Measure: Increased Access to Services**

**Goal 1:** Increase the enrollment of children with a serious emotional disturbance (SED).

**Target 1:** To increase the percentage of children with SED enrolled in the behavioral health system by 2% each year.

**Population:** Children with a Serious Emotional Disturbance

**Indicator:** Percentage of children with SED enrolled in the system

**Measure:** Percentage of children with SED enrolled with ADHS/DBHS
Numerator: # of enrolled children with SED
Denominator: Estimated total # of children with SED in the state general population.
FY 2008 Target: 29% FY 2009 Target: 31% FY 2010 Target: 33%

**Source of Information:** Client Information System (CIS)

**Special Issues:** *Note: These figures are revised from the FY 2007 Plan to reflect more current data collection. Although the original projection of 24% for FY 2006 and 26% for FY 2007 was exceeded, it must also be noted that the total number of children served in FY 2007 decreased.

**Significance:** ADHS/DBHS will study the issue; the federal Deficit Reduction Act may be a factor.

**Action Plan:** Percentage rates will be based upon the FY 2007 rate and projections will be increased by 2% each year of the grant cycle.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increased Access to Services** | 21%* | 30%* | 27%* | 29%* | 31%* | 33%* |
| **Numerator** | 22,896 | 33,063 | 30,376 | - | - | - |
| **Denominator** | 110,631 | 109,512 | 111,658 | - | - | - |

**Criterion 3: Children's Services**

- Provides for a system of integrated services appropriate for the multiple needs of children without expending the grant under Section 1911 for the fiscal year involved for any services under such system other than comprehensive community mental health services. Examples of integrated services include:
  - ✓ Social services
  - ✓ Educational services, including services provided under the Individuals with Disabilities Education Act (IDEA)
  - ✓ Juvenile justice services
  - ✓ Substance abuse services
  - ✓ Health and mental health services

Describes mental health transformation efforts and activities in the State in Criterion 3, providing reference to specific goal(s) of the NFC Report to which they relate.

**Narrative**

In 1988, Arizona enacted landmark legislation mandating the development and delivery of a comprehensive continuum of coordinated behavioral health care for children. Previously these services had been provided by different agencies according to individual mandates addressing specific populations of children. This new legislation required that interdepartmental collaboration for a single system be established to address the behavioral health needs of all Arizona children. ADHS/DBHS was designated the lead agency for the development of this system.

However, despite first time access to federal Medicaid funding, the promise of the 1988 legislation had not been realized. In the 1990s a federal district court in Tucson, Arizona, certified a plaintiff class in an action that would become known as J.K. v. Eden, et al. Then Governor Jane Dee Hull ordered ADHS/DBHS and the state's Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS) to enter into negotiations with the Plaintiff's attorneys. In June 2001 the same federal district court accepted the resultant settlement agreement, ending a decade of adversarial process in favor of commitment to reform the system on behalf of "all persons under the age of twenty-one who are eligible for Title XIX behavioral health services in Arizona, and have been identified as needing behavioral health services".

The centerpiece of the J.K. Settlement Agreement is the Arizona Vision, which identifies meaningful behavioral health service outcomes for eligible children and their families. The Arizona Vision is built upon a set of 12 Principles, based on the Child and Adolescent Service System Program (CASSP) and the Center for Mental Health Services' core system of care values. ADHS/DBHS and AHCCCS are both obligated by and committed to these values. The Arizona Vision is also a contractual obligation established by ADHS/DBHS, the T/RBHAs, and their subcontracted providers.

**Arizona Vision and Principles:**

**Vision:** *"In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion, and in accordance with best practices, while respecting the child's and family's cultural heritage."*

**Principles:** The following principles were adopted: 1) Collaboration with the Child and Family; 2) Functional Outcomes; 3) Collaboration with Others; 4) Accessible Services; 5) Best Practices; 6) Most Appropriate Settings; 7) Timeliness; 8) Services Tailored to the Child and Family; 9) Stability; 10) Respect for the Child and Family's Unique Cultural Heritage; 11) Independence; and 12) Connection to Natural Supports.

**Social Services:** ADHS/DBHS has worked closely in recent years with the Arizona Department of Economic Security's Administration for Children, Youth & Families (DES/ACYF) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local action plans were developed and implemented throughout the state to develop foster care placement preservation, personnel co-location, service development prioritization and cross-system training protocols. ADHS/DBHS and DES/ACYF have accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004 ADHS/DBHS and the RBHAs implemented a universal, urgent (within 24 hours) behavioral health response for every child being removed from family into protective foster care, as initiated by the CPS investigator. ADHS/DBHS, DES/ACYF and AHCCCS have jointly developed a training curriculum to support seamless service for children leaving foster care through the Adoption Subsidy program.

**Educational Services:** ADHS/DBHS and the Arizona Department of Education (ADE) had entered into an Interagency Service Agreement (ISA) to ensure collaboration on behalf of the child and to carry out each agency's mutual duties and responsibilities under state and federal law, rule and regulations. However, the ISA has recently ended and a protocol was developed in its place. There is a group comprised of DBHS staff, Arizona Attorney General staff and other stakeholders whose current activities involve the reviewing the feasibility of establishing a new agreement or an updating the protocol with ADE.

**Services to be provided by local school systems under the Individuals with Disabilities Act:**
The local school district, also called the local education agency (LEA) is responsible for any educational service under an Individual Education Plan (IEP). The LEA uses a variety of assessment tools and strategies to gather relevant information about the child. Based on the evaluation results, the IEP team, which includes the family, decides which services the child needs in order to benefit from a free and appropriate public education. This may include developmental, corrective, or supportive services as required in assisting a child with a disability to benefit from special education. The IEP team then determines the least restrictive environment in which services can be provided to meet the educational needs of the child. If the IEP team determines that the child cannot be educated in the community either within the LEA or a contracted private school, a residential special education placement will be necessary.

**Juvenile Justice Services:** ADHS/DBHS collaborates and continues to partner with the Arizona Department of Juvenile Corrections (ADJC) to monitor the process of referrals into behavioral health services for youth being discharged from correctional institutions and re-integrated into their communities. The referral process enables youth in the ADJC institutions to obtain appropriate entitlements and access to behavioral health care immediately upon discharge.

In collaboration with AOC and the Maricopa County Juvenile Probation Department, ADHS/DBHS developed a referral process for juveniles placed in detention at the Durango Court Center or the Southeast Juvenile Court Center. The process ensures that detained juveniles needing behavioral health care will have easy access to the behavioral health system.

Juvenile justice staff throughout Arizona participate in joint training with the RBHAs on wrap-around services and the Child and Family Team model.

**Substance Abuse Services:** To ensure the development of substance abuse services, ADHS/DBHS required the T/RBHAs to develop an action plan for their geographic service areas that includes a needs and resource assessment.

ADHS/DBHS was awarded the SAMHSA State Adolescent Substance Abuse Treatment Coordination grant. The grant is in its third year of implementation. Activities include developing workforce capacity assessment to identify areas for system development in evidence-based practices, direct services and family involvement on substance abuse issues for youth ages 12 – 24 years. Arizona is creating a sustainable system of care that effectively breaks the cycle of addiction in Arizona's families through early identification, intervention and treatment for substance use disorders among youth and young adults. The project establishes a single locus of responsibility within the state for expanding access and the quality and delivery of substance abuse services for the state's high-risk population of young people age 12-24 years old and their family members. The project capitalizes on unique and innovative system and practice reforms currently underway in Arizona to expand early identification and access to services, establish a broad continuum of age, culture and disability appropriate services and supports and to improve the quality and effectiveness of treatment for young people in the state.

ADHS/DBHS, in collaboration with other child serving state agencies, the T/RBHAs, behavioral health providers and family members, created a workgroup to develop a framework for substance abuse services. This included the development of guidelines and recommendations for assessment and treatment planning for children with multiple issues. The result was the development of a Practice Improvement Protocol (PIP) in FY 2004 regarding substance abuse treatment in children. PIPs are developed to assist behavioral health providers in Arizona's public behavioral health system.

The Arizona Legislature passed Arizona Senate Bill 1280, known as the Joint Substance Abuse Treatment Fund in FY 2001. The legislation established a special fund that is jointly administered by the Department of Economic Security (DES) and ADHS/DBHS. The Temporary Assistance to Needy Families (TANF) Block Grant also supports this program, which is targeted to child welfare and TANF recipients. The program provides for the development, oversight and evaluation of treatment programs for these populations.

ADHS/DBHS, in partnership with DES, provides prompt and easy access to families with children who need substance abuse services through a program called "Arizona Families F.I.R.S.T" (Families In Recovery Succeeding Together). DES identifies the adult clients from TANF and Child Protective Services and ADHS/DBHS (through the RBHAs) provide the services.

**Health and Mental Health Services:** ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains: 1) Treatment Services; 2) Rehabilitation Services; 3) Medical Services; 4) Support Services; 5) Crisis Intervention Services; 6) Inpatient Services; 7) Residential Services; 8) Behavioral Health Day Programs; and 9) Prevention Services. A comprehensive listing of services is identified in Criterion 1, pages 80-82.

**Ongoing Initiatives:**

**J.K. Settlement Agreement/Children's System of Care Reform:** As stated earlier, Arizona has been engaged in the transformation of its children's behavioral health system since the J.K. v Eden Settlement Agreement reached in 2001. In FY 2007, the second phase of the system transformation was begun with a kickoff event called "Meet Me Where I Am" held in Phoenix, with over 130 individuals in attendance. Participants included T/RBHA leaders, service providers, state agency partners, family members and advocates from across the state. Moving forward for FY 2008, the system of care for children includes:

1: Case management for children: children with more complex needs, including those involved in multiple state agencies, will have an assigned case manager with a case load small enough to provide active support for each child and family they are assigned.
2: Child and Family Teams (CFTs): all children will be served through a CFT process that is individualized and suited to their level of need. The CFT, facilitators and clinical staff will be empowered to develop a plan of care comprised of traditional and supportive (including natural) services.
3: Expanded Access to Support and Rehabilitative Services: behavioral health support and rehabilitative services will be available for any CFT that identifies these services as meeting the needs of the child and family.

To carry out this vision, ADHS/DBHS has contracted with a consultant to provide a series of trainings and technical support in the development of support and rehabilitative services, with the focus of providing these services in home. Training will be customized by RBHA and targeted training and follow-up coaching sessions will be conducted.

**Clinical Guidance Documents:** Under the direction of the ADHS/DBHS Medical Director and Assistant Medical Director, the Division has researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona's public behavioral health system. These documents are known as Clinical Practice Guidelines, Practice Improvement Protocols (PIPs), and Technical Assistance Documents (TADs). Clinical Practice Guidelines are existing national standards (e.g. APA). PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services. TADs

provide guidance for implementing covered behavioral health services and other ADHS/DBHS recommended protocols.

**ADHS/DBHS Best Practice Advisory Committee:** The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system, including issues of innovation, fidelity, and infrastructure to support adoption. Its membership is comprised of individuals representing the diversity of the state: family members, individuals with lived experience, substance abuse and mental health providers, support and rehabilitative providers, T/RBHAs, and the State Medicaid agency, AHCCCS.

Also during FY 2007, the Committee agreed to focus on the development of capacity and expertise in the following areas, which will be carried out throughout FY 2008:

- Specialized Adolescent/Young Adult Substance Use Disorder Treatment: Motivational Interviewing (MI).
- Selected Innovation Zones: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT); Adolescent Community Reinforcement Approach (ACRA); Multi Dimensional Family Therapy (MDFT); and Brief Strategic Family Therapy (BSFT).
- Statewide Adult, Child and Adolescent Practices: Motivational Interviewing (MI); Client Directed, Outcome Informed Practice; and Peer to Peer Services.

**FY 2008 Use of Block Grant funding for children with Serious Emotional Disturbance:** The Arizona Department of Health Services, Division of Behavioral Health Services assures that Block Grant funds for FY 2008 will only be expended to provide comprehensive, community mental health services to children with SED.

**Geographic Areas of Services:** A comprehensive array of behavioral health services are provided statewide. The structure of the Arizona mental health service delivery system is divided into six (6) geographical regions, served by four (4) RBHAs and three (3) TRBHAs, and is designed to promote a service system that is responsible to and reflective of the unique needs of particular areas of the state and its population. Effective September 1, 2007, Magellan replaces ValueOptions as the Maricopa County RBHA. Also, the White Mountain Apache Tribe will be beome a TRBHA effective October 2007. The direct local administration of the system is accomplished by the T/RBHAs. The Navajo Nation is no longer considered a TRBHA but is now contracted to provide case management services. The Colorado Indian Tribe contracts with ADHS/DBHS to provide non-Title XIX/XXI (state only funded) services to their tribal members. The T/RBHAs are described below:

**CPSA:** The Community Partnership of Southern Arizona (CPSA) is responsible for Southern (Pima County) and Southeastern Arizona (Greenlee, Graham, Cochise, and Santa Cruz Counties). CPSA is comprised of six Comprehensive Service Networks; five in GSA 5 (Pima County), and one in GSA 3 (the four Southeastern Counties).

**NARBHA:** Northern Arizona Regional Behavioral Health Authority's service area is comprised of the five Northern Arizona counties: Mohave, Yavapai, Coconino, Navajo and Apache. Overall, NARBHA's GSA encompasses one half of Arizona, but only 10% of the State's population.

**Magellan:** Magellan serves Maricopa County.

**Cenpatico:** The RBHA serves the Southwestern region (Yuma and La Paz Counties) and the Central region (Pinal and Gila Counties).

**Gila River Indian Community:** The TRBHA is located south of Phoenix and encompasses parts of Maricopa and Pinal Counties.

**Pascua Yaqui Tribe:** The TRBHA is located southwest of Tucson and is located in Pima County.

**White Mountain Apache Tribe:** The TRBHA is located in Northeastern Arizona and is located in Navajo and Apache Counties.

**Mental Health Transformation Efforts and Activities in the State**:
NFC Goal 2: Mental health care is consumer and family driven. Objective 2.1: Develop an individualized plan of care for every child with serious emotional disturbance.
Arizona Activities: The child and family team (CFT) expansion continues. In FY 2007 ADHS/DBHS created a subcommittee under the Best Practice Advisory Committee to oversee modifications to Arizona's current assessment process. These modifications are to reduce paperwork, increase efficiency and align changes with data collection, licensure, policy and legislative requirements. ADHS/DBHS also formed a Children's Assessment Subcommittee to begin work on aligning the assessment process with the CFT practice that mirrors the engagement focus and changes being made as part of the larger Subcommittee. Membership is statewide and encompasses all levels of the behavioral health system.

NFC Goal 4: Early mental health screening, assessment, and referral to services are common practice.
Arizona Activities: During FY 2006, ADHS/DBHS implemented the early childhood assessment, which offers a comprehensive assessment and service planning process for children birth up to age five. The Early Childhood Workgroup continues to meet quarterly to discuss implementation issues and the need for additional training or technical assistance.

**The following modifications were made in this Criterion:**

**Criterion 3: Goal 1, Target 1:** This goal was modified to reflect a more accurate percentage of SED children receiving respite services. This goal and target was revised from the FY 2007 Plan. The original projection of 2% increase will continue despite the decrease in the number of children served in FY 2007. ADHS/DBHS will use the FY 2007 actual percentage rate as the base for the three year grant cycle. ADHS/DBHS will review the impact of several factors that may have decreased the number of children served in FY 2007.

**Criterion 3: Goal 2, Target 1:** This goal and target was revised from the FY 2007 Plan. The original projection of 2% increase will continue despite the decrease in the number of children served in FY 2007. ADHS/DBHS will use the FY 2007 actual percentage rate as the base for the three year grant cycle. ADHS/DBHS will review the impact of several factors that may have decreased the number of children served in FY 2007.

**Criterion 3:** **Children's Services**

**National Outcome Measure (NOM): Increased Access to Services**

**Goal 1:** To provide family-centered services to children with SED

**Target 1:** To increase by 2% each year the number of families of children with SED receiving respite care.

**Population:** Children with SED

**Indicator:** Increased Access to Services

**Measure:** Percentage of children receiving respite services
Numerator: # of children with SED receiving respite services
Denominator: Total # of children with SED enrolled in the ADHS/DBHS system
FY 2008 Target: 6% FY 2009 Target: 8% FY 2010 Target: 10%

**Source of Information:** Client Information System (CIS)

**Special Issues:** *Note: This goal and target was revised from the FY 2007 Plan. The original projection of 2% increase will continue despite the decrease in the number of children served in FY 2007.

**Significance:** ADHS/DBHS is studying the impact of several factors on the decreased population.

**Action Plan:** ADHS/DBHS will continue to track the number of children receiving respite services and will continue to use the FY 2007 actual percentage rate as the base for the three year grant cycle.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Projected | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increased Access to Services** | 4%* | 5%* | 4%* | 6%* | 8%* | 10%* |
| **Numerator** | 906 | 1,616 | 1,218 | - | - | - |
| **Denominator** | 22,896 | 33,063 | 30,376 | - | - | - |

**Criterion 3: Children's Services**

**National Outcome Measure: Client Perception of Care**

**Goal 2:** Administer Annual Statewide Consumer Survey to measure families' perception of care.

**Target 1:** To increase the percentage of family respondents with positive perception about outcomes by a minimum of 2% per year over the three year grant cycle.

**Population:** Targeted sample of enrolled children, including children with SED who are receiving community-based services.

**Indicator:** Perception of Care

**Measure:** Percentage of family respondents reporting positively about outcomes
Numerator: # of family respondents reporting positively
Denominator: Total # of family respondents
FY 2008 Target: 72% FY 2009 Targeted: 74% FY 2010 Target: 76%

**Source of Information:** MHSIP Youth Services Survey for Families

**Special Issues:** ***Note:** The final figures for the State Consumer Satisfaction Survey were not available at the time of the Plan's development. Preliminary numbers were provided to respond to this goal; final figures are estimated to be completed by October 2007. Also, the numbers and percentages for FY 2005 and FY 2006 are revised for the FY 2008-2010 application. The numbers and percentages previously reported for these years were inadvertently pulled from the "General Satisfaction" rather than "Outcomes" domain and were incorrect in reporting the level of consumer satisfaction.

**Significance:** The administration of consumer surveys is an important way to solicit feedback from enrolled persons regarding the performance of the public behavioral health system.

**Action Plan:** As of FY 2005, ADHS/DBHS is now conducting the Statewide Consumer Survey on an annual rather than a bi-annual basis.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Projected | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Client Perception of Care** | 60% | 65% | 70%* | 72% | 74% | 76% |
| **Numerator** | 657 | 654 | 840* | - | - | - |
| **Denominator** | 1,096 | 1,003 | 1,200* | - | - | - |

**Criterion 3:** **Children's Services**

**National Outcome Measure: Decreased Criminal Justice Involvement**

**Goal 3:** Measure the percentage of youth involved in the juvenile justice system as compared to the total number of youth enrolled in the ADHS/DBHS behavioral health system.

**Target 1:** To track the number of youth involved in the juvenile justice system and project that 1% of the child population will continue to report involvement throughout the three year grant cycle.

**Population:** Children with SED

**Indicator:** Decreased Criminal Justice Involvement

**Measure:** Numerator: Total # of youth through age 17 reporting involvement
Denominator: Total # of youth through age 17 enrolled in the ADHS/DBHS behavioral health system
FY 2008 Target: 1% FY 2009 Target: 1% FY 2010 Target: 1%

**Source of Information:** ADHS/DBHS Client Information System (CIS)

**Special Issues:** None.

**Significance:** All States and Territories must report on several new National Outcome Measures, including profiling client involvement in the juvenile justice system.

**Action Plan:** Arizona will track the numbers of youth throughout the three year cycle of the grant.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Decreased Criminal Justice Involvement** | 1.2% | 1% | 1% | 1% | 1% | 1% |
| **Numerator** | 352 | 343 | 298 | - | - | - |
| **Denominator** | 29,147 | 33,063 | 30,376 | - | - | - |

**Criterion 3: Children's Services**

**National Outcome Measure: Improved Level of Functioning**

**Goal 4:** Measure the percentage of children and youth reporting improved level of functioning as compared to the total number of youth enrolled in the ADHS/DBHS behavioral health system.

**Target 1:** Track the number of children and adolescents reporting improved level of functioning via the annual Consumer Satisfaction Survey and establish a baseline for FY 2008.

**Population:** Children with SED

**Indicator:** Improved Level of Functioning

**Measure:** Numerator: Total # of children and adolescents responding positively to annual Consumer Satisfaction Survey
Denominator: Total # of children and adolescents enrolled in the ADHS/DBHS behavioral health system
FY 2008 Target: Baseline FY 2009 Target: To be established
FY 2010 Target: To be established

**Source of Information:** Annual Consumer Satisfaction Survey

**Special Issues:** As this is a new NOM requirement, ADHS/DBHS will need to establish a baseline number for FY 2008.

**Significance:** All States and Territories must report on several new National Outcome Measures, including tracking improved functional improvement for children and adolescents.

**Action Plan:** Arizona will establish a baseline for FY 2008 based on the results of the annual Consumer Satisfaction Survey and track the numbers of children throughout the three year cycle of the grant.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Projected | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Improved Level of Functioning** | N/A | N/A | N/A | Baseline | To be established | To be established |
| **Numerator** | N/A | N/A | N/A | - | - | - |
| **Denominator** | N/A | N/A | N/A | - | - | - |

## Criterion 4: Targeted Services to Rural and Homeless Populations

- Describes State's outreach to and services for individuals who are homeless
- Describes how community-based services will be provided to individuals in rural areas
- Describes how community based services will be provided to older adults (addressed in Adult Plan)

Describes mental health transformation efforts and activities in the State in Criterion 4, providing reference to specific goal(s) of the NFC Report to which they relate.

**Narrative**

Runaway children and adolescents are those who have left home, at least overnight, without permission from their parents or guardians. Homeless children and adolescents are a diverse group facing many problems without homes to which they can return. This group has no shelter and is in need of services and shelter, where supervision can be provided. The latter group may be members of homeless families, or children who have run away from home for an extended period and/or have been locked out or abandoned by their parents. Often this group is comprised of adolescents that cannot remain with a homeless family due to the occupation restrictions imposed on the families by shelters. This definition coincides with the definition of homelessness outlined by the Stewart B. McKinney Homeless Assistance Act, as adopted by the state of Arizona, in order to identify this population. Estimates of the numbers of homeless and runaway youth vary widely due to the difficulty in locating this population.

**Outreach to and Services for Individuals who are Homeless**: The Arizona Department of Economic Security (DES) is the state agency responsible for the programs and services targeted to homeless youth. ADHS/DBHS works collaboratively with DES in providing services to homeless and runaway youth and provides behavioral health services. DES services include shelter beds, day support, outreach services and independent living programs, which are small apartment complexes with staff available to teach living skills as well as provide guidance and counseling.

ADHS/DBHS provides behavioral health services through its RBHA system to eligible children with serious emotional disturbances residing in shelters throughout the state. These include homeless shelters and domestic violence shelters.

The number of homeless children is difficult to measure. Many families with children do not identify themselves as homeless for fear that their children could be removed from the parent's care.

**Rural Services to Children:** The rural RBHAs provide a full continuum of services to eligible children with serious emotional disturbances. As identified earlier in the State Plan, Arizona is divided into regional geographic service areas. Currently there are six areas based on the State's fifteen (15) county populations. Of the four RBHAs, Magellan (a new RBHA as of September 1, 2007) and CPSA GSA 5 are located in the urban counties of Maricopa and Pima. Although there are rural communities located in these counties, the majority of the county populations reside in

the cities of Phoenix and Tucson. The remaining RBHAs serve the rural counties. These RBHAs are: NARBHA, CPSA GSA 3, and Cenpatico GSA 2 and 4. Rural RBHAs are required to meet the same network and service delivery standards as their urban counterparts.

**Mental Health Transformation Efforts and Activities in the State:**

NFC Goal 3: Disparities in mental health services are eliminated: Objective 3.2: Improve access to quality care in rural and geographically remote areas.

Arizona Activities: During FY 2006 ADHS/DBHS focused on assessing regional capacity for telemedicine and access to prescribers for behavioral health medications. In conjunction with the RBHA Medical Directors, ADHS/DBHS formalized a prescriber capacity network model that assesses the number of child and adult prescribers per geographic availability and per 100 enrolled behavioral health recipients. This model was implemented in FY 2006.

Also, ADHS/DBHS conducted its annual RBHA Network Sufficiency Analysis in late FY 2006 and early FY 2007, which included a focus on telemedicine capability and access to care in rural regions of the state. The transportation infrastructure within each regional area was also targeted, to ensure adequate access to transportation services for enrolled behavioral health recipients and their families. The Network Operations Unit within the Bureau for Clinical and Recovery Services was created to conduct ongoing monitoring of network sufficiency, including changes due to provider closures or contract changes.

NFC Goal 5: Excellent mental health care is delivered and research is accelerated. Objective 5.2: Advance evidence based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

Arizona Activities: The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system.

The following best practices were agreed upon by the Best Practice Advisory Committee in FY 2007, which will be carried out throughout FY 2008:

- Specialized Adolescent/Young Adult Substance Use Disorder Treatment: Motivational Interviewing (MI).
- Selected Innovation Zones: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT); Adolescent Community Reinforcement Approach (ACRA); Multi-Dimensional Family Therapy (MDFT); and Brief Strategic Family Therapy (BSFT)
- Statewide Adult, Child and Adolescent Practices: Motivational Interviewing (MI); Client Directed, Outcome Informed Practice; and Peer to Peer Services.

**Criterion 4:** **Targeted Services to Rural and Homeless Populations**

**National Outcome Measure (NOM): Increased Access to Services**

**Goal 1:** Increase access to behavioral health services in rural areas for children with serious emotional disturbances.

**Target 1:** Measure the number of children with SED in rural areas receiving behavioral health services and increase enrollment by 2% each year.

**Population:** Children with SED who reside in rural areas

**Indicator:** Increased Access to Services

**Measure:** Percentage of enrolled children with SED in rural areas
Numerator: # of children with SED residing in rural areas
Denominator: Total # of children with SED enrolled in the ADHS/DBHS system
FY 2008 Target: 29% FY 2009 Target: 31% FY 2010 Target: 33%

**Source of Information:** Client Information System (CIS)

**Special Issues:** *Note: The original projection of 2% increase will continue despite the decrease in the number of children served in FY 2007.

**Significance:** Rural counties are all Arizona counties except Maricopa and Pima Counties. ADHS/DBHS will study the impact of several factors on the decreased population.

**Action Plan:** ADHS/DBHS will use the FY 2007 actual percentage rate as the base for the three year grant cycle.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Projected | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increased Access to Services** | 39% | 27% | 27%* | 29% | 31% | 33% |
| **Numerator** | 8,934 | 8,849 | 8,229 | - | - | - |
| **Denominator** | 22,896 | 33,063 | 30,376 | - | - | - |

**Criterion 4:** **Targeted Services to Rural and Homeless Populations**

**National Outcome Measure (NOM): Increased Stability in Housing**

**Goal 2:** Measure the percentage of children and youth in homeless shelters as compared to the total number of youth enrolled in the ADHS/DBHS behavioral health system.

**Target 1:** To track the number of children who are homeless and establish a baseline for FY 2008.

**Population:** Children with SED

**Indicator:** Increased Stability in Housing

**Measure:** Percentage of enrolled children with SED in homeless shelters
Numerator: # of children with SED in homeless shelters
Denominator: Total # of children with SED enrolled in the ADHS/DBHS system
FY 2008 Projected: Baseline FY 2009 Target: To be established
FY 2010 Target: To be established

**Source of Information:** Data Infrastructure Grant III URS Table 15

**Special Issues:** As this is a new NOM requirement, ADHS/DBHS will need to establish a baseline for FY 2008.

**Significance:** All States and Territories must report on several new National Outcome Measures, including Increased Stability in Housing. States must profile the client's change in living situation (including homeless status).

**Action Plan:** Arizona will establish a baseline for FY 2008 based on the annual Data Infrastructure Grant URS Table 15 and track the numbers of children throughout the three year cycle of the grant.

**Performance Indicator Table – Arizona Plan**

| FISCAL YEAR | FY 2005 Actual | FY 2006 Actual | FY 2007 Actual | FY 2008 Target | FY 2009 Target | FY 2010 Target |
|---|---|---|---|---|---|---|
| **Performance Indicator: Increased Stability in Housing** | N/A | N/A | N/A | To be established | To be established | To be established |
| **Numerator** | N/A | N/A | N/A | - | - | - |
| **Denominator** | N/A | N/A | N/A | - | - | - |

**Criterion 5: Management System**

- Describes financial resources, staffing and training for mental health services providers necessary for the plan;
- Provides for training of providers of emergency health services regarding mental health; and
- Describes mental health transformation efforts and activities in the State in Criterion 3, providing reference to specific goal(s) of the NFC Report to which they relate.
- Identifies transformation expenditures by Mental Health Block Grant funding and other State funding sources. (Table 4)

**Narrative**

**Financial Resources:** The current fiscal basis for funding Arizona's system of services includes, but is not limited to, monies appropriated each year by the Arizona Legislature, as well as Title XIX/XXI dollars for behavioral health services to eligible populations. Title XIX/XXI funding for covered services to eligible clients is passed through the State Medicaid agency, AHCCCS, to ADHS in a capitated system. The State also receives federal substance abuse and mental health block grants.

In 1992, Arizona transitioned to a managed care behavioral health system from a fee-for-service model. Managed care refers not only to the oversight of the clinical treatment of the individual, but also the management of costs. Quality of care occurs when the individual is provided the most appropriate services, and the delivery of care is evaluated to ensure it is adequate and appropriate.

Over the past several years ADHS/DBHS implemented four large initiatives that provided increased funding and increased flexibility for the delivery of services to all populations. These initiatives, Proposition 204, Senate Bill 1280, House Bill 2003 and the Covered Services Project, increased funding through higher eligibility levels, additional state-appropriated funding and redesign of the types of services that can be provided.

**Staffing and Training for Mental Health Services Providers:** ADHS/DBHS employs over 150 clinical, professional and support staff to ensure the publicly funded behavioral health system operates according to State and Federal laws, rules and regulations. Training is provided regularly to staff to enhance their skills and knowledge. Training was conducted in FY 2007 on such topics as Business Continuity Disaster and Recovery; Critical Incident Stress Management; Applied Suicide Intervention Skills Training; Keeping Recovery Skills Alive (KRSA); Finance 101-103; Data Dissemination Methodology; Fraud and Abuse; Advance Directives; Natural Supports; National Alliance for the Mentally Ill Provider Education Course and Cultural Competence.

ADHS/DBHS provides technical assistance and consultation to the Tribal and Regional Behavioral Health Authorities (T/RBHAs) on a periodic and regular basis. The RBHAs are Magellan (the new Maricopa County RBHA, effective September 1, 2007), Community Partnership of Southern Arizona (CPSA), Northern Arizona Regional Behavioral Health

Authority (NARBHA), and Cenpatico. The TRBHAs are the Gila River Indian Community, the Pascua Yaqui Tribe, and the White Mountain Apache Tribe, who will become a TRBHA in October 2007. The Colorado River Indian Tribe also contracts with ADHS/DBHS but only for Subvention (state only) funded services. The Navajo Nation was previously a TRBHA but now is a case management provider. The State also provides technical assistance on a regular basis with other Native American tribes in the State, including specialized technical assistance in FY 2007 on addressing methamphetamine abuse on reservation lands.

**Training of Emergency Health Services Providers Regarding Mental Health:** ADHS/DBHS provides regular and periodic training through the RBHA system to local police, fire, and other emergency medical personnel to work with individuals with mental illnesses. Crisis intervention training (CIT), using the Memphis model, was provided to police officers in Phoenix, Mesa (Maricopa County) and Tucson (Pima County) in FY 2007 and continues on a regular basis.

The Crisis Intervention Training Program was passed by the Arizona Legislature during the 2007 session, which will provide $250,000 in new program monies to implement a program operated by ADHS that will work with law enforcement agencies requesting training of its first responders to respond to crises related to mental illness. The program is a 40 hour training curriculum consisting of instruction in communication techniques, resources available in the community as alternatives to incarceration; and the signs and symptoms of psychiatric illnesses, behaviors of those in a psychiatric crisis and drugs and their side effects.

**Training and Sponsored Conferences:** ADHS/DBHS continues to sponsor conferences on a variety of behavioral health care issues.

- National Alliance for the Mentally Ill Author's Benefit was held on October 21, 2006 in Phoenix. The fundraiser was for support, education and advocacy in communities throughout the state.
- 13th Annual Arizona Coalition to End Homelessness conference was held November 6 – 7, 2006 in Phoenix. The conference's purpose was to strengthen the capacity of local communities statewide to respond to homeless issues through leadership, technical assistance, and advocacy. Training opportunities, access to resources and funding opportunities were shared with the attendees.
- Partners in Policymaking Leadership Training conference was held December 2006. The training was for parents with special needs, diagnosed with a mental illness and do not qualify for DD services.
- The Cesar Chavez Conference was held on March 30, 2007. The theme was "Culturally Grounded Practice." Experts on multicultural treatment research were in attendance.
- The National Alliance for the Mentally Ill "Mind of America" walk was held on March 21, 2007. Over 3,000 people marched to heighten community awareness of mental illness, educate the public and to reduce stigma.
- 11th Annual Statewide Statewide Family Centered Practice Conference was held June 7 – 8, 2007, in Phoenix. This year's theme was "Stronger Families, Safer Kids". Topics included assessing emotional and social development of young children, case management, and mental health ethics in clinical practice.

- 39th Annual Southwestern School for Behavioral Health Summer Training conference was held August 20 – 23, 2007, in Tucson. This year's theme was "Uniting Toward Excellence: Recovery, Resiliency, Renewal". Workshops included Stigma: Public and Clinical Perceptions of Addiction; Grandparents Raising Grandchildren; Horses and Healing; Sweat Lodge and Talking Circles and many more.
- Mental Health Awareness Coalition and Candlelight Vigil will be held September 28, 2007 in Phoenix. The vigil is to educate the public in mental illness and substance abuse issues regarding understanding, awareness, and acceptance of mental health issues to the community, while working to reduce stigma and discrimination associated with mental health.
- The Second Annual Suicide Prevention Conference will be held October 25 – 26, 2007 in Tucson. This year's theme is "Suicide Safer Arizona" and topics include suicide prevention in the schools, Native American communities, older adults, the criminal justice system, and more.
- The 20th Annual Mental Health Association of Arizona Seeds of Success Symposium will be held in the spring of 2008. The Symposium had traditionally been held in October of each year but was rescheduled. The theme was not yet available at the time of writing.

**Mental Health Transformation Efforts and Activities in the State in Mental Health Transformation Efforts from Criterion 3, and Activities in the State:**

NFC Goal 3: Disparities in mental health services are eliminated: Objective 3.2: Improve access to quality care in rural and geographically remote areas.

Arizona Activities: During FY 2006 ADHS/DBHS focused on assessing regional capacity for telemedicine and access to prescribers for behavioral health medications. In conjunction with the RBHA Medical Directors, ADHS/DBHS formalized a prescriber capacity network model that assesses the number of child and adult prescribers per geographic availability and per 100 enrolled behavioral health recipients. This model was implemented in FY 2006.

Also, ADHS/DBHS conducted its annual RBHA Network Sufficiency Analysis in late FY 2006 and early FY 2007, which included a focus on telemedicine capability and access to care in rural regions of the state. The transportation infrastructure within each regional area was also targeted, to ensure adequate access to transportation services for enrolled behavioral health recipients and their families. The Network Operations Unit within the Bureau for Clinical and Recovery Services was created to conduct ongoing monitoring of network sufficiency, including changes due to provider closures or contract changes.

NFC Goal 5: Excellent mental health care is delivered and research is accelerated. Objective 5.2: Advance evidence based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

Arizona Activities: The Committee assists DBHS in transferring "science to service" in a manner that meaningfully shapes and supports quality clinical practices in Arizona. As an advisory body, the Committee provides recommendations and guidance on implementation of best and promising practices in prevention, and clinical and recovery services in Arizona's public behavioral health system.

The following best practices were agreed upon by the Best Practice Advisory Committee in FY 2007, which will be carried out throughout FY 2008:

- Specialized Adolescent/Young Adult Substance Use Disorder Treatment: Motivational Interviewing (MI).
- Selected Innovation Zones: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT); Adolescent Community Reinforcement Approach (ACRA); Multi-Dimensional Family Therapy (MDFT); and Brief Strategic Family Therapy (BSFT).
- Statewide Adult, Child and Adolescent Practices: Motivational Interviewing (MI); Client Directed, Outcome Informed Practice; and Peer to Peer Services.

NFC Goal 5: Excellent mental health care is delivered and research is accelerated. Objective 5.3: Improve and expand the workforce providing evidence based mental health services and supports.

Arizona Activities: Significant strides have been made in the state to enhance the delivery of covered services. ADHS/DBHS provides a comprehensive array of covered behavioral health services and recovery services. The Behavioral Health Practitioner Loan Repayment Program (Senate Bill 1129) was passed in FY 2006, which establishes a tuition loan reimbursement program for behavioral health professionals and behavioral health technician staff who agree to serve for two years in an Arizona Mental Health Professional Shortage Area. ADHS/DBHS worked throughout FY 2007 and will continue in FY 2008 to develop a rules package to implement this statute.

ADHS/DBHS also created the Behavioral Health/Higher Education Partnership in FY 2005. The Partnership's purpose is to target and prepare a workforce that represents the composition of local communities and to increase the numbers of behavioral health professionals providing services throughout the state, especially in remote areas.

**Identified transformation expenditures by Mental Health Block Grant funding and other State funding sources in Table 4**: This is identified in the Adult Plan, Criterion 5, page 77.

**State Budget for FY 2008-2010:**

The budget and allocation for SED children follows on pages 118.

**ARIZONA DEPARTMENT OF HEALTH SERVICES**
**DIVISION OF BEHAVIORAL HEALTH**
**FY 2008-2010 BUDGET**

| Program | Federal Funds | CMHS Block Grant | State Funds | Title XIX | Title XXI | Other Funds | Total |
|---|---|---|---|---|---|---|---|
| Arizona State Hospital | | | $51,732,100 | | | $5,251,900 | $56,984,000 |
| Adult SMI, Non-TXIX/TXXI | $930,240 | $929,168 | $90,899,400 | | | $32,483,200 | $125,242,008 |
| Adult SMI, TXIX | | | $126,332,622 | $234,384,882 | | | $360,717,504 |
| Adult SMI, TXXI | | | | | $4,131,000 | | $4,131,000 |
| Adult Non-TXIX/XXI SMI, GMH | | | $1,668,400 | | | $4,931,600 | $6,600,000 |
| Adult Non-SMI, GMH TXIX | | | $65,420,232 | $123,156,738 | | | $188,576,970 |
| Adult Non-SMI, GMH TXXI | | | | | $2,346,000 | | $2,346,000 |
| Children, Non-TXIX/TXXI | $775,000 | $7,150,987 | $10,763,600 | | | $1,500,000 | $20,189,587 |
| Children, TXIX | | | $120,893,868 | $237,522,606 | | | $358,416,474 |
| Children, TXXI | | | | | $16,139,868 | | $16,139,868 |
| Administrative/ Programmatic | $439,184 | $425,271 | $6,814,045 | $8,956,110 | $515,100 | $214,000 | $17,363,710 |
| Total | $2,144,424 | $8,505,426 | $474,524,267 | $604,020,336 | $23,131,968 | $44,380,700 | $1,156,707,121 |

Notes:
(1) Title XIX non-SMI capitation funding combines Substance Abuse and General Mental Health Services. Total funding for each program is combined. The amounts listed are the appropriate amounts per Chapter 255 of the 48th Legislature, 1st Regular Session, 2007 (HB 2781).
(2) Title XIX and XXI funding is capitated. The amounts include expansion populations. RBHA specific budgets are dependent on per member per month values.
(3) Dual Eligible Part D Copay included in Adult GMH & Adult SMI, NTXIX /TXXI

**FY 2007 RBHA ALLOCATION, BLOCK GRANT FUNDS**
**SED CHILD POPULATION**

| RBHA | % OF TOTAL POPULATION | TOTAL CMHS BLOCK GRANT FUNDING |
|---|---|---|
| CPSA-GSA 5 | 16% | $1,104,242 |
| CPSA-GSA 3 | 4% | $391,350 |
| Cenpatico-GSA 2 | 4% | $301,485 |
| Cenpatico-GSA 4 | 4% | $377,741 |
| ValueOptions | 63% | $3,567,142 |
| NARBHA | 9% | $920,154 |
| **TOTAL** | **100%** | **$6,749,708** |